N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05508
1. PLACE OF DEATH	
County My Jerses	Registration Dist. No. 240
Village or City Chelleller	NoSt.,War
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?
2. FULL NAME George a aust	
(a) Residence: No.	St., Ward.
A TOTAL CONTRACTOR OF THE PARTY	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
OR DIVORGED (write tha word)	21. DATE OF DEATH/May 22 103 2
	(Monty) (Day) (Yaar)
HUSBAND of (or) WIFE of	22 HEREBY CERTIFY, That I attended deceased fro
Do can g coco	2 1932, 10 May 22, 193
6. DATE OF BIRTH (month, day, end yaar) Value arey 8 865	I last saw h 1 alive on May 12, death is sa
Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
O or min.	ware as follows:
kind of work done, as SPINNER,	Just in the
Industry or business in which	- promoter
SAW MILL, BANK, atc.	
10. Date deceased last worked at this occupation (month and 10 3)	
Q Occupation	Other Contributory Canses of importanca:
12. BIRTHPLACE (city or town) Prandy one	
T I DISTURDING CO.	
(State or country)	Name of operation Data of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (athurice a. Clark	23. If daeth was due to external causes (VIOL ENCE) fill in also tha following:
[5] 16. BIRTHPLACE (city or town)	Accidant, suicide, or homlcida? Date of injury 19
State or country)	Whare did injury occur?
17. INFORMANT albert 4 aust.	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Chellechnun	***************************************
	Manner of injury
Place of the place	Nature of injury
19. UNDERTAKER Staline of Just	24. Was disease or injury in any way related to occupation of daceasad? 128
M	If so, specify
20. FILED May 23, 1937, Julius A. Janette	(Signad) Villiam /11 1000 M.
	(Address) A Carty Mariner Reputation 7) S. No.
	1. PLACE OF DEATH County. Village or City. Village or City. Length of residanca in ally or town whera daath occurred? 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Wale Sa. It married, widowad, or divorced (HUSBAND of (or) WIFE of (or)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or-			ST
in st.	1	. PLACE OF	DEAT
should f OCC		County	-Fr
sboulc of OC		Village or Ci	ty_ta
-0		Length of resid	ence In city
SICIAN	2	. FULL NAM	ME
RECORD, Every . PHYSICIANS Exact statement		(a) Residence	e: No
CO PH		PERSON	AL AND
RE .	3.	SEX	4. COLOR
L Y	9	limale	· con
IS A PERMANEN stated EXACTL properly classified. ertificate.	56.	If merried, widowe HUSBAND of (or) WIFE of	d, or divorc
ERN EX y cl te.	6.	DATE OF BIRTH (month, dey,
S A Pated	7	AGE Yeer	5
IIS IS be st pe pr of cer	NOI	8. Trade, profession kind of work SAWYER.	sion, or par ork dona, e BDOKKEEP
Should it may a back	OCCUPAT	9. Industry or b	
pplied. AGE should be erms, so that it may be instructions on back of	000	1D. Date decease this occup yoar)	d lest work ation (mont
d. AG, so th	12.	BIRTHPLACE (city (Stete or coun	
UNFA upplied terms,	ER	13. NAME	an
ITH U	FATH	14. BIRTHPLACE (State or	
VITT fully r pl	HER	15. MAIDEN NAM	AE .
care rri ir fri ir	MOTH	16. BIRTHPLACE (State or	
uld be DEA	17.	INFDRMANT 6	194 5314
TE PRI Shou	18.	BURIAL, CREMATI	ON, OR BE
tion surger		6	1
W. SA	19.	UNDERTAKER	···

STATE OF MARYLAND—	CERTIFICATE OF DEATH (5509)
County Pinice Georges	Registration Dist. No. 242
Village or City Fammont Aghto	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 2 8 ds. How long In U.S. if of foreign birth?yrs
2. FULL NAME annie B. anni	igton
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (regise they word)	21. DATE OF DEATH May 5 (Month) (Day) (Year)
St. If merried, wildowed, or divorced HUSBARD of (or) WIFE of amus H. arrington	22. I HEREBY CERTIFY. That I attended deceased from 25, 1932 to 25, 1932
6. DATE OF BIRTH (month, dey, and year) 7 and 14 1873	I last saw h M alive on Many 4 , 19 3 2 death is said
7. AGE Yeers Months Days If LESS than 1 day. hrs.	to have occurred on the date stated above, at 34m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BDOKKEEPER, etc	chromi farm hymators me-
1D. Date deceased lest worked at this occupation (month and yoar) 12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country)	dia toto millitus " un-
13. NAME James H. Armylon 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Whet test confirmed diagnosia?
15. MAIDEN NAME annie Hillis	23. If death was due to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Va	Accident, sulcide, or homicide?
17. INFORMANT bugusta Washington (Address) 5314 Eastern and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL DE May 5, 1932	Manner of injury
19. UNDERTAKER Henry Washington	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 5', 1983 Grace Down. Registrar.	(Signed) 3 Ma Brady M. D. (Address) Head Pletas and M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 13 1992			
Other contributory causes of importance: 8		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

	STATE (OF MARYLAND-	CERTIFICATE OF DEATH 05	510
1.	County PANCE	Georgie.	Registration Dist. No.	35
	Village or City Ocal a	of Hall	NOTED 543 2. St., If death-occurred in a hospital or institution, give its NAME instead of street and	number)
	Langth of residence in city or town where	daeth occurredyrs,mo	How long In U.S. if of foreign birth?yrsn	108
2.	FULL NAME	51120	ush	
	(a) Residence: No. R.F.,	(Usual place of abode)	St., Ward. If nonresident give city or town an	d State
	PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX	e	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 199 Z (Year)
F	married, widowed, or divorcad IUSBAND of Or) WIFE of		22. I HEREBY CERTIFY, That I attended	daceased fi
	(I) III L (I)		May 12 ,1932, to May 12	1992
-	TE OF BIRTH (month, day, and year)	7.12. 1932	I last saw h	; death is s
# AGE	E Years Months	Days If LESS than I day hrs. or Prin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dats of on
NO	 Trade, profession, or particular kind of work done, as SPINNER, 	-		
	SAWYER, BOOKKEEPER, atc		atelectazois	
OCCUPAT	work was done, as SILK MILL, SAW MILL, BANK, etc		well dis	
9 1	O. Date daceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		
	lan	teday 14 t	Other Contributory Causes of importance:	
12, BI	RTHPLACE (city or town)(State or country)	9-1 (M.D)	2	-
	3. NAME Henry G	restri		
ATH I	4. BIRTHPLACE (city or town)	restor	Name of operation Date of	
~	(Stata or country)	Miss ,	What tast confirmed diagnosis? Was thera an	autopsy?
I	5. MAIDEN NAME NELEY	charles	23. If death was due to external causes (VIOLENCE) fill in also tha following	
MO I	6. BIRTHPLACE (city or town)	36	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 19
17. IN	FORMANT Helen (Addrass)	inster.	(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PI	ite) LACE,
18. BU	Place Jonny Park	Date/5-716 1832	Manne injury	
19. UN	NDERTAKER SAME. T.S.	enort.	24. Was disease or Injury In any way related to occupation of deceased?	Ą
20. FII	LED 5/14 ,1932 7	hos. J. Guffell	(Signed) (Address) 3.1.8.4.4.4.5.	DT N
	If more	e blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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E	xample I		Example II	
The principal cause of dea of importance were as foll Arteriosclerosis	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	The contract of the contract o	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	00M W 1897	July 5,1927	Peritonitis	3 days ago
	BUREAU V.	-		, a
Other contributory causes	of importance:	region o reliando	Other contributory causes of importance:	12.14
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05511
1. PLACE OF DEATH/	(S)
County County (Registration Dist. No. 245
Village or City Information Med	
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U. S. if of fareign birth?yrsmosds.
2. FULL NAME Frot numer Wire	water , seall
(a) Residence: No. Eurousthe M	OSt. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widewed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
	I last saw h alive on Fig. 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
Trade confession and state of the confession of	were as follows: Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last, worked et this occupation (month and spent in this securation (month and spent in this spent in this	, 2 WOO
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
Do. Dete deceased last worked et this occupation (month and year)	
Samous No	Other Contributory Causes of importence:
12, BIRTHPLACE (city or town) (State or couptry)	Justine we
I 13. NAME Fruit Le. O Euch	
14. BIRTHPLACE (city or town) Hyuttotale	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME KANTON TO THE TOTAL OF THE STATE OF THE S	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Cuchunical	Accident, suicide, or homicide? Dete of injury, 19
E (State or equatry) Maryin	Where did Injury occur?
17. INFORMANT / Wrwart le cotrall! (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place	Nature of Injury
	24. Wes disease or injury in any way related to occupation of deceesed?
19. UNDERTAKER	If so, specify
May 15" 32 May Jan Dong	(Signed) The William Comp. D.

(Address) Hyallstell m If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regulsting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

	PLACE OF DEATH County Princes Georgia		STATE OF NERTIFICATE Registration I	OF DEATH
Hicare	Village or City Chapel Hell (No		St: Ward)	(If death occurred las a hospital or institu- tion, give its NAME in- stead of street and number.)
1190	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL	CERTIFICATE C	OF DEATH
n back of	Male Color or RACE MARRIED. Manual Mode Colored (Write the word)	16 DATE OF DEATH	May (Month) RTIFY, That I atto	(Day) (Year)
o suoi	(Month) (Day) (Your)	that I last saw h ali	mens ing	adep 198 2
Instruct	7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred the CAUSE OF DEATH *		above, at J. P. m.
statement of Occording is very important. Se	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 CAddress) 15 Annacostica 16 (Address)	(Signed)	ence (For Hospit nts) In the ds. State	or, in deaths from jury and (2) Whether tals, institutions, Trans-
0'	15 Filed May 3 - 1982 News Hurt	John J. Plines	aco.	901-3 AT, S.W.

If more blanks are mooded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

WRITE

85

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 .yrs). business, that fact may be indicated thus; Farmer frestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. sary to know (a) the kind of work and also (b) the Civil engineer, the list line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Fer persons who have no occupation person, irrespective of As examples: (a) (6) Grocery;

fover (the only definite synonym is "Dpidemic derebros; inal meningitis"; Diphtheria (avoid use of "Croup"); ed term for the same dise.se. Examples: Cerebrospinal to time and causation), using always the same accept-EALE CATSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Eronchopneumonia ("Pneumonia,

> telunus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E:haustion," "Heart failure," "Hearorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), stited unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (c g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ss important. Example: Meastes (disease .Chronic valvular heart disease; etc. The contributory

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and all qu stions All the

V. S. No. 1

B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of oecuPA. Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	0551
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1. PLACE OF DEATH	
County PRINCE GEORGES COUN	
Village or City Riverdale	No. 914 Maryland are. St., 4-Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
\mathcal{L} . \mathcal{R}	100 100g 11 0 0 11 10 10 gr 11 10 10 gr 11 10 10 gr 11 10 10 10 10 10 10 10 10 10 10 10 10
2. FULL NAME Seve Sovers	ud.
(a) Residence: No. 144 / Margland Use. (Usual place of abode)	St., — Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Yeer)
5a. If merried, widowed, or divorced	
HUSBAND of Mary C. Bouses	22. ALL I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, entryeer)	I last saw h. Assa. alive on Mass. 17 19.32 deeth is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the date steted above, et 1,05 A.m.
85 85 3 17 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, Blacksmith	acute blebation 6/17/82
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at this occupation (month end	
10. Dete deceased lest worked at 11. Total time (yeers)	
this occupation (month end 1914) spant in this occupation	
12. BIRTHPLACE (city or town) Carroll County	Other Contributory Causes of Importance:
(Steta or country) Marykakel	Tubuluhis 7
13. NAME Schastiske Bowers	
13. NAME Selastiche Bowers 14. BIRTHPLACE (city or town) - g.	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Liqued Myselfac Was there en autopsy?
15. MAIDEN NAME Susan Friggel 16. BIRTHPLACE (city or town) Germany (State or country)	23. If deeth was due to externel ceuses (VIOL ENCE) fill In also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
S (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Laise C. Dowers	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Kirculae . 18. BURIAL, CREMATION, OR REMOVAL	
Plece Thankington NC Date May 1932	Manner of Injury
0-4	Nature of injury
19. UNDERTAKER Sacrific Social (Address)	24. Was disease or Injury In any way releted to occupation of deceased?
Man 10" 24/7/1100 Dan Manage	(Signed) Mustin Mane M. D.
20. FILED VALUE 193 Le VVV - COD CAN Registrar.	(Address) Geresale Med
The more blanks are maded at the second production	NOLLS PER TRA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1250	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phillis " " "	1921	Run over by street car	1 week ago
Cerebral hemorrhage	TIM A	July 5,1927	Peritonitis	3 days ago
	Bout		4	
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

should state item of infor-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be

matten should be carefully supplied.

TION is very important. See instructions on back of

of OCCUPA-

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STATE OF MARYLAND—CERTIFICATE OF DEATH

4.	pth	file	10	-0	
1.7	2	63	-8	18	
()	U	5	8	T	

1. PLACE OF DEATH		(B)	
County Tr. Seo.		Registration Dist. Np.	245
Village or City / Kisuss	la	436 01. x	St., Ward
		death occurred in a hospital or institution, give its NAME instead of stre	et and number)
Length of residence in city or town when	re death occurred yrs mos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Star	net Tolenten / Joy	ll e	
(a) Residence: No. 436 C	about,	St., Ward.	
	(Usual place of abode)	If nonresident give city or tov	
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEA	TH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Oay)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	B .		(1007)
(or) WIFE of Alward	1styd.	22. HEREBY CERTIFY That I att	tended deceased from
6. DATE OF BIRTH (month, day, and year)	5-aug. 1880	I last sew h. Il alive on Wesey 10 0,19	9.32 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
52 9-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:	
8. Trede, profession, or particular	W	Muso caracter	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Trucine	Explirities:	""
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Galmonay Edema.	2 days.
SAW MILL, BANK, etc	11. Total time (yeers)	arterio d'elevois	
this occupation (month and year)	spent In this		
7/11	Theren	Other Contributory Canoos of importance:	5/1/20
12. BIRTHPLACE (city or town) (State or country)	na	una acceptance	110/32
13. NAME Victor 1	ara	-	
E 74	un the con.		
14. BIRTHPLACE (city or town) (State or country)	Conn	What test confirmed diagnosis?	
E 15. MAIDEN NAME	a leave or	23. If death was due to externel ceuses (VIOL ENCE) fill in also the fo	ere an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury_	
State or country)	0	Where did injury occur?	
17. INFORMANT Carraed (Address) 4 % Bal	12ryd	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0 0/		
Place Tort america	Date May 17 193	Menner of Injury	
m m ka	ham to la	Nature of Injury	
19. UNDERTAKER (Address) 400	in Am mach	24. Was diseese or injury in any way related to occupation of decease	ed?
20, FILED The any 10, 19 32 - X	non Jacobson	(Signed) Martin freare	
20.1120	Registrar.	(Address) !! Jack Jan Are, Kersen	este, Meg.
If mo	re blanks are needed) address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 6 1932 1	July 5,1927	Peritonitis	3 days ago
	BURGAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	RURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SFAUE	run	runinen	STATEMENTS	DI	FRISICIAN

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

Exact statement of OCCUPA-

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STATE C	VE.	MADVIAN	UD_CEPTIEIC	ATE	OF	DEATH	1.551
SIAIL	ノト	MARILAN	ND-CERTIFIC	AIL	UF	DEATH	10001

1. PLACE OF DEATH		742
County In. Geo. 6	0.	Registration Dist. No. 242
Village or City		ND. St., War f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U. S. if of foreign birth? yrs, mos. d.
7:07	13 0/	
(a) Residence: No. bylan	Halito De (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
la. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (month, day, and year)	211930	1 last saw h
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6 4 m.
1 10	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	11. Total time (years)	strongulation, probably
this occupation (month and year) 12. BIRTHPLACE (city or town)	spant in this occupation	Dther Coutributory Causes of importance:
(State or country)	13 mg,	-
I /	mummer	
14. BIRTHPLACE (city or town)	p ,	Name of operation Date of Was there an au opsy?
15. MAIDEN NAME Zattle	Proctor	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address)	4. Bullener	Accident, suicide, or homicide?
18. BURIAL CREMATION OF REMOVAL Place My Clive D	May 23 , 1932	Manner of injury
19. UNDERTAKER adams to	most s.E	24. Was disease or injury in any way related to occupation of deceased? If so, specify The Definition of deceased?
20. FILEDRAY 21, 1932 Grac	lugly Registrar.	(Signed) 200 Breat Pleasant In

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis : EEEE / E	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ;	July 5, 1927	Peritonitis	3 days ago
30 KF H V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

1. PLACE OF DEATH County Village or City Ward Length of residence in city or town where death occurred. Village or City Ward Length of residence in City or town where death occurred. Village or City Ward Length of residence in City or town and State PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE OgNYOCED (right the world) Ss. If Married, widowed, or diverced (right HUSSAND or City or	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE MARKER ON HIDDRED ONE OF SERVING ON HID COLOR OF SERVING ON HIDDRED ON HIDSRADO J. J	1. PLACE OF DEATH	8
Village or City. Length of residence in city or town phere death occurred. Length of residence in city or town phere death occurred. Ward. 2. FULL NAME. (a) Residence: No. (b) Residence: No. (c) Resi	County Paris General	Registration Diet No. 233
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARKIED, WIDOWED OR IF WINTER, Widowed, or diverced (1) SANCE of Warrs Months OspirorCED (orginc the word) 22. I HEREBY CERTIFY. That I attended deceased from (1) Saw M. (Month) (Village or City Quantum Waig	No.
2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, Oph IVORED (2girc the word) 5. If married, widowed, or diverced only bliff of one of the state of the word	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(2) Residence: No. (Usualphee of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OphtVORED (og) in the word) Sa. II married, widowed, or divorced (og) wife or	Length of residenca in city or town whera death occurredyrsmos	ds. How long In U. S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OphiONCED (**grie* the word) 53. If married, widowed, of divorced HUSARIO of (%) wife of (%)	2. FULL NAME Stiller 13.	nch
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRED, WIDOWED, OpphYORCED (**gric the word) 5. If married, widowed, or divorced (or) wire of (or		St, Ward.
2. SEX COLOR OR RACE S. SINGLE MARRIED, WIDOWED OR POVORCED (***pir*the word) So. II married, widowed, or divorced (or) WIFE of COLOR OR RACE S. II married, widowed, or divorced (or) WIFE of COLOR OR RACE S. II married, widowed, or divorced (or) WIFE of COLOR OR RACE S. II married, widowed, or divorced (or) WIFE of COLOR OR RACE S. II married, widowed, or divorced (or) WIFE of COLOR OR RACE S. II MER EBY CERTIFY, That I attended decessed from 19	State of the state	
Sa. If married, widowed, or divorced HUSBAN, o	and the second s	
Sa. If married, widowed, or divorced (or) wife of (or) wi	TOTAL ON MINED OF DIMEDE, MARKED, WIDOWED,	21. DATE OF DEATH
So. DATE OF BIRTH (month, day, and year) 8. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Day TLESS than I day. O hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, work was so coursed on the date stated above, at 4 Charles as SPINNER, was	mole Calored Fruite	(Month) (Oay) (Year)
19. to	HUSBANO of	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays ILESS than Industry or profession, or particular kind of work done, as SPINKER, SAWER, BOOKEEPER, etc. Jo. Oats deceased last worke at this occupation month and occupation Occupation Other Cestributory Causes of importance: Other Cestributory Causes of importance: USAWER, BOOKEEPER, etc. Jo. Oats deceased last worke at this occupation (month and occupation) Other Cestributory Causes of importance: Other Cestributory Causes of importance Was there an autopays? Was there an autopays? Oste of (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Oat of Injury. Nameer of Injury. Nameer of Injury. Nameer of Injury. Nameer of Injury. Oat of Injury. Nameer of Injury. Oat of Inj	(or) WIFE of	The state of the s
T. AGE Years Months Oays If LESS than f day, O hrs. or	6. DATE OF RIRTH (month day and year)	Marie
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Indicatory or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc. On One deceased last worked at year). One deceased last worked at year). One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One deceased last worked at year). One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One deceased last worked at year). One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One of the coupleting mine work was done, as SILK MILL, SAW MILL, BAKK, etc. One of the coupleting mine work was as follows: One of the coupleting mine work was as follows: One of the coupleting mine work was as follows: One of the coupleting mine work was as follows: One of the coupleting mine work was as follows: One of the coupleting mine work was as follows: One of the coupleting mine work was as follows: One of the coupleting mine work was as follows: One of the coupleting mine work was as follows: One of		1200
B. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEPER, etc. S. Industry or business in which work was done as SILK MILL, SAW MILL, BAKY MILL, BAK		The PRINCIPAL CAUSE OF DEATH and related causes of importance
SANTER, BUOKREPER, BC. S. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Oata deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAT (Address) 17. INFORMAT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Addless) 19. UNDERTAKER (Addless) 19. UNDERTAKER (Addless) (Signed) Man. O. (Signed) M. O. (Signed) M. O. (Signed) M. O. M. O. (Signed) M. O. M. O. M. O. (Signed)	9 Trade profession on postinut-	Wara as follows:
12. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place. (Address) 19. UNOERTAKER (Addiess) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Countributory Causes of importance: Other Coutributory Causes of importance: Other Cou	SAWYER, BOOKKEEPER, etc.	Lilla
12. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place. (Address) 19. UNOERTAKER (Addiess) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Cath Coutributory Causes of importance: Other Coutribut	3 Industry or business In which work was done, as SILK MILL.	
12. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place. (Address) 19. UNOERTAKER (Addiess) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Cath Coutributory Causes of importance: Other Coutribut	SAW MILL, BANK, etc.	
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17. INFORMANT (Address) (Addres	(State of Country)	Whera did injury occur? (Specify city or town county and State)
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19. UNOERTAKER WE Borne 24. Was disease or injury in any way related to occupation of deceased? (Address) User Hill Third Deficite (act Coro) 20. FILEO V/6 , 1932 Third Deficit. (Signed) Quine M. O.	Place Water Hulf Date /// 1932	
20. FILEO V/16, 1932 Thrs & If the (Signed) James De M. O.	10 HNOGETAND W & Bord	
20. FILEO 1/16 ,1932 Thrs & Iffile (Signed) James 2 , 1932 M.O.		
20, FILEO	10 5450 V/16 32 This 5 9 1615	10 10 3 3 3 A

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V.S.	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

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	(13j)	_
	Registration Dist. No. 2 3	35
	ND. St., death occurred in a hospital or institution, give its NAME instead of street and as	Ward
os.	ds. How tong in U.S. if of foreign birth?yrsmos	sds.
n	ey Digg	
Ų	If nonresident give city or town and S	State
	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH	71
-	(Month) (Day)	(Year)
	Dec 1 HEBEBY CERTIFY. That I attended of May 31	eceased from
	I lest saw h. In alive on May 28 1932	deeth Is sald
	to have occurred on the date staled above, at _ K 30 Pm.	
	The PRINCIPAL CAUSE OF DEATH and related causes of tmportance were as follows:	Date of onsat
	Topie myo carditu	2 weeks
	(-)	ago
	Other Contributory Causes of importance:	
	Chronic instituted refliction	Typear
		ago
	Name of operation Date of	
-	What test confirmed diagnosis?	
-	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:	
	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	CE.
-	Manner of Injury	
2	Nature of Injury	
	24. Was disease or injury In any way related to occupation of deceased?	no
-	IT so, specify	(Coro)
	(Signed) (Address) Ple Denning St	a D. C.
	No. 10 Published	

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E	Example I		Example II	
The principal cause of dea of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	(4) 5 1/82	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	THREAD V	July 5,1927	Peritonitis	3 days ago
		A 194		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

of 1	0.0		1			
dh	is Cerlific	alon Degr	red by M	e m	1 Doyan	
ab	ocener.	Ihr ala	le 1. 400	Imout	are Hom.	- 0
St	atement	made to	me by E	famili +	Or Hoyd before	y he bet
~	vacation)	- as 9	did that	Deison	all. tilles	a Dalbin
9	had Ci	roner de	yn also.	U		

FOR BINDIN

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE C County__ Village or Langth of re 2. FULL NA (a) Reside **PERSO** 3. SEX 5a. If marriad, wido HUSBAND of (or) WIFE of 6. DATE OF BIRTH 7. AGE 8. Trade, prof-kind of SAWYE OCCUPATION 9. Industry or work w SAW MI 10. Oate decaa this occ yeer) _ 12. BIRTHPLACE ((Stata or co FATHER 13. NAME 14. BIRTHPLAC (Stata MOTHER 15. MAIOEN N 16. BIRTHPLAC (State o 17. INFORMANT __ (Address) 18. BURIAL, CREMA

05518

F DEATH		159
Prince 4s	oreges.	Registration Dist. No. 2-3-8
city was Rull	pe Park we	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
sidence in city or town where death o	ccurredyrs,mos.	How long In U.S. if of foreign birth?mosds.
ME /30	els) Wool	>M
nce: No.	(Usual place of ahode)	St., Ward. If nonresident give city or town and State
NAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
white	NGLE, MARRIED, WIDOWED, R DIVQRCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
wad, or divorced		22. I HEREBY CERTIFY, That 1 attended deceased from
(month, day, and year) Wears Months O O O ession, or particular work dona, as SPINNER,	Days if LESS than 1 day,hrs. ormin.	I last saw have alive on
businass In which so done, as SILK MILL, LL, BANK, etcsed last workad at upation (month and	11. Total tima (yaars) spant in this	
ity or town) was East	occupation	Other Contributory Causes of Importance:
Clearles I. W	adam	
E (city or town)	inia	Name of operation Data of What tast confirmad diagnosis? Was there an autopsy?
E (city or town) Mary E r country)	effries closes	23. If daath was due to external causes (VIOLENCE) fill In also the following: Accidant, suicida, or homicide?
TION, OR REMOVAL MA	moy 16,19.32	Manner of injury
It. Farche	Jone d	24. Was disease or Injury In any way related to occupetion of deceased?
1 13,1932	The & Smith	(Signed) O- Colon M. D. (Address) B. Prayle Celc
If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

19. UNDERTAKER (Addrass) 20. FILEDMAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none. BUREAU V. S.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

FOR BINDIN

V. S. No. 1

20. FILED JA PAY

STATE OF MARYLAN	ND—CERTIFICATE OF DEATH (5519)
1. PLACE OF DEATH	92-0
County Orence George	Registration Dist. No. 231
Village or City Lakeland	No. St., Ward
Length of residence in city octown where death occurred 30 yrs. 4	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs, 7	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Julia / Fres car	Vouglas
(a) Residence: No. Lakeland (Usual place of abode)	St., Ward. If nonresideul give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	
Temple Cal OR DIVORCED (write the	, 193
5a. If married widowed ex-diserced	(MonyM) (Day) (Year)
(or) WIFE of Species Orocka	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Hugy 2. 187.	
	SS than to have occurred on the date stated above, at 11.34 Gm.
90 0 6 or	I THE I KINCLUSE OF DEATH WHO LEIGHED COURSES OF HIMDOLIGHES
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
	Chronic Endocordeles 340+
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
this occupation (month and spent in this year) occupation	
[1] -1 -01	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I	
[State or country]	Name of operation
7	What test confirmed diagnosis?
15. MAIDEN NAME Pluse Price of 16. BIRTHPLACE (city or town) Urrdorels	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Med	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT aggse Mack	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL 7 10 5 ///	Manner of injury
Place / June / Date	, 1932 Nature of injury
10 UNDERTAKED W. (rue of Harn)	24. Was disease or injury in apy way reproduce occupation of deceased? The
19. UNDERTAKER (Address) 14-3 2 4 4 1 1 1 1 1 1	If so, specify
O De Month of the	(Simo) 1.1/ Herene

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		COL 8 NUC	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY PHYSICIAN

stated EXACTLY, PHYSIproperly classified. Exact of certificate.

d be carefully supplied. ACE DEATH in plain terms so that ry important. See instructions

Every item of information should be carefully CIANS should state CAUSE OF DEATH in pla statement of OCCUPATION is very important.

WRITE

S. No.

RECORD

BINDING

FOR

MARGIN

RESERVED IG INK--THIS

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	2	0

Village or City Jost Foote (No.

2 FULL NAME & While E. Earle

Ward) (If death occurred in a hospital or institution, give its NAME isstead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married Widowed. OR OIVORCED (Write the word)	16 DATE OF OEATH May 8, 1922 (Month) (Day) (Year)
March 15, 1883 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 4 1922. to May 7, 1922. that I rast saw here alive on May 7, 1932.
7 AGE 149 yrs. 1 mos. 23 ds. or min.?	and that death occurred on the date stated above, at # 4 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or house work (b) General nature of industry business, or establishment in which employed or (employer)	Bronchofmermonia (Duration) yrs. mos 6 do.
9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER John Murphrey 11 BIRTHPLACE OF FATHER (State or country) Maryland	Contributory Secondary (Duration) Torion M. D. May 8 1991 (Address) // U Struct *State the Disease Causing Death, or, in deaths from Wolent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal,
12 MAIDEN NAME OF MOTHER WIRESON 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos descent at place of death place of death? Where was disesse contracted, if not at place of death?
(Informant) Rout 2-Sta H. auacostici	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Barnabas, P.S.Co. Md. 5/10/ 1932.
Filed 5/0 1937 Jup & Tueneau. Registrar	The F. Murray Son. 2007- Michola
If more branks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesfulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more province of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enwhatever, write None. first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> capproyed by Committee on Nomenclature Iletanus) may be stated under the head of "contributory." stited unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbonic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "E:haustion," American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY interstitial nephritis, or intercurrent) Carcinoma, Sarcoma, etc., of valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all qu stions—answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permaterily filed.

V. S. No. 1

N. B.-WRITE PLAINLY. WITH HINFADING INK-THIS IS A PERMANEST RECORD B

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 0552	1.
County Prince Heorge	(2-0)	
	Registration Dist. No.	2
Village Dr City Reverdale 602	No. St., If death occurred in a horpital or institution, give its NAME instead of street and number	Ward
	sds. How long in U.S.If of foreign birth?yrsmos	
2. FULL NAME Robert Meleon Eggles	tere	
(a) Residence: No. Reverdule of nu	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE So. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) William St. If married, widowed, or divorced	21. DATE OF DEATH May (Month) (Oay) (Oay)	2 Year)
HUSBAND of (or) WIFE of Blanche of Eggleston	22. I HEREBY CERTIFY. That I attended decease May 12 ,19 32, to May 12 ,1	sed from
6. DATE OF BIRTII (month, day, and year) (John 2 2 1867	I last saw & saw alive on May 12 ,19 3 2; deal	th is said
7. AGE Years Months Days If XESS than 1 day, hrs.	to have occurred on the date stated above, at	
66 4 21 ormin.	mere as tellome.	e of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	apopleyy 5%	12/32
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
11. Total time (years) spant in this occupation (month and year) 12. Total time (years) spant in this 20 years)		
12. BIRTHPLACE (city or town) Macon	Other Contributory Causes of importance:	
(State or country) Missouri	Jy kertindent	2
13. NAME Roft & Egoleston		
13. NAME Roll & Egglestone 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of Country) Oque	What test confirmed diagnosis? Was there an autops	y?
15. MAIDEN NAME Clina 95 Goole 16. BIRTHPLACE (city or town) Clio	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 1	19
() I II C. D. Q	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Sabelle Freeland (Address) Reverdule	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OB REMOVAL	Manner of Injury	
Place IT Lincoln Oate May 1/, 1982	Nature of Injury	
19. UNDERTAKER F. Jasels Jours (Address) Phrattaville MIL	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED May 13, 532 Mrs Jas. Der	(Address) / Jaspan an Junedal	4. My
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ogo
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
121		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 65522
1. PLACE OF DEATH	
county Pr Fr	Registration Dist. No. 245
Village or City # Julistille MV	NoSt., Ward
Langth of rasidence with or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) How Jong in U. S. If of foreign birth? yrs. mos. ds.
2 FILL NAME Not hans	Torrestor 1 Forting
(a) Residence: No. Hyuuttitle are	St. Ward.
(Usual place of abode)	1f nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX) 4. COLOD OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH TO (Day) 193 (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	May 14 132 10 May 14 1932
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on Flill back 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence ware as follows
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Jun our
■ < 1 9. Industry or business in which	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
1 Elick	Other Coatributery Causes of importanca:
12. BIRTHPLACE (city or town) (State og country)	Journacus
13. NAME TIME FIRE	<i>O</i>
14. BIRTHPLACE (city or town) 2011	Name of operation 2202 Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Vila Orcino	23. If death was due to externel ceuses (VIOLENCE) fill in also tha following:
[16. BIRTHPLACE (city or town)	Accident, suicida, or homicida?Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TYPY CALCULATION (Address)	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18-BURIAL CREMATION, DR REMOVAL	Manner of injury
Place A Juliabelle The Date 1 4 May 1932	Nature of Injury
19. UNDERTAKER Nove	24. Was diseasa or Injury In any way related to occupation of deceased? 720
20, FILED May 15, 19 3 2, mas Las Server	(Signad) H. T. (e) West M. D. (Address) Hyalloville M. D.
Registrar. If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (15573)
1. PLACE OF DEATH	(31)
County ruce Go	Registration Dist. No. 230
Village or City Sellsville	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Same Of Fills	
(a) Residence: No Beltarille Mil	St Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (White the word) Wall White Married Married	21. DATE OF DEATH (Month) (Day) (Yeer)
5. If married, widowed, or givorced HUSBAND of	22. HE-REBY C.ERTIFY, That I attended/dagensed from
(or) WIFE OF Flury Fields	ar 15 132 to may 1932
6. DATE OF BIRTH (month, day, a Vyeer) Cept -/6-1865	liast saw ham aliva on 18 ,1982 death is said
7. AGE Years Months Days If LESS than	to have occurred on tha date statad abova, at
68 1 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Javanev SAWYER, BOOKKEEPER, atc.	Curling Harmony
9. Industry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at his occupation (month and last sense) as a sensi in this securation (month and last sense).	
10. Date daceased last worked at this occupation (month and 1424) 11. Total time (years) spant in this occupation.	
Phila 0	Other Contributory Couses of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	Selem Chang reparte
	Inhalled Myreadeling.
	Name of operation. Oate of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME LINKWOWW	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME CULTUROW 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury19
E (State or country)	Whara did injury occur?
17. INFORMANT MAD Sary & Stelles and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION, OR REMOVAL 4. Co. pate May 22 1932	Manner of Injury
& Pord Stone sent	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER () / JUNE AUGUST (Address)	if so, spacily
20. FILED may 21, 19 32 John & Smith	(Signed) M. I
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state;

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related/causes of importance were as follows:	Date of onsot	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis HIN 9 1039	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage PD PD	July 5, 1927	Peritonitis	3 days ago	
Other contributory course of importance				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYL Registration Dist. No. a hospitai or institution, give ite NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX WIDOWED.

OR DIVORCED

(Write the word) (Month) (Day) HEREBY CERTIFY, That I attended the decessed 17 8 DATE OF BIRTH (Day) (Year) and that death occurred on the date stated above, at Ilf LESS than 7 AGE The CAUSE OF DEATH * was as follows: UNFADING INK--THIS 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE RENTS *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensiente or Recent Residents) 13 BIRTHPLACE OF MOTHER (State or Country) Where was disease contracted, 526 Williams if not at place of death? 526 Williams Every item CIANS sho statement If more branke are needed, addrese State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). business, that fact may be indicated thus; Former state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvont, Cool, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Houscuife, Houselaborer, Form loborer, Loborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a " etc., without more precise specification as Day especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the 'telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis corbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

state plnous of Every statement PHYSICIAN RECORD. BINDIN H properly stated MARGIN RESERVED гнау plnous plain terms, carefully II DEATH should be OF

FOR

1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in Lity or town where death occurred 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Monti (Year) 5a. If marriad, widowed, or divorced HUSBAND of 22. CERTIFY. Thet I ettended deceesed from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) If LESS then 7. AGE to have occurred on the date staled above, at I dey,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. ware es follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, es SPINNER, SAWYER, BODKKEEPER, etc.___ back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... 11. Total time (yaars) spent in this on 10. Date dacaesad last worked at this occupation (month end occupation ____ instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See Neme of operation. 14. BIRTHPLACE (city or to (State or country) What tast confirmed diagnosis?_____ Was there an autopsy?____ OTHER important. 15. MAIDEN NAME 23. If death wes due to external ceuses (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or tow (State or country) Whare did injury occur?___ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Addrass) 18. BURIAL, GREMATION, Manner of Injury CAUSE mation NOIL Nature of injury 24. Wes disease or injury in eny wey ralated to occupation of dacaased? 19. UNDERTAKER (Address) If so, specify (Signad) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimbre, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1552 STATE OF MARYLAND PLACE OF DEATH County Prices George's CERTIFICATE OF DEATH Registration Dist. No. Village or City Western Ward) 2 FULL NAME Roge William Fungason PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased Haveul. (Month) (Day) (Year) IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: 7/ ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in ...(Duration) which employed or (employer) Contributory Secondary (state or country) Prince Tempis Leo. Hed 10 NAME OF L 11 BIRTHPLACE 0 11 Causing Death, or, in OF FATHER 07 Violent Causes, state (1) Means of Injury and (2) Whether (State or country) 0 Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of deathyrs......mos......ds. (State or Country) 174 Where was disesse contracted, it not at place of dea h?. Westernes Ked (0) Every it CIANS stateme Filed Way 27

ESERV

MARGIN

Saratoga St., Balto., Lequesting V. S. I.o. 1. If more banks are needed, address ttate Registrar,

(If death occurred in

a hospital or institution, give its l'AME i stead of street and

number.)

State.....yrs.....mos...

ADDRESS

DATE OF BURIAL

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womyrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ENT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY WITH UNFADING INK-THIS IS A PERM

PLACE OF DEATH	STATE OF MARYLAND
County Crici Dengs	(59) CERTIFICATE OF DEATH
MITHIN CORPORATE LIMITS OF	Registration Dist, No. 239
Village or City Home (No.	Ste Ward) (if death occurred in a hospital or institu-
2FULL NAME Primature Ina	le Silson tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Single, Married, Widoweb. OR DIVORCED (Write the word)	16 DATE OF DEATH May 10, 1932 Month) 10 (Day) 1932(Year)
6 DATE OF BIRTH 1932	17 I HEREBY CERTIFY, That I attended the deceased from 102 to many 10, 1922 that I last saw hamalive on many 10, 1922,
(Afforth) (Day) (Year)	12 1
7 AGE If LESS than I dayhrs.	
yrsmosds. ormin.?	Orinature buth.
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) mosds.
9 BIRTHPLACE (State or country)	Contributory Secondary [Duration] [Duration] [Duration]
FATHER WILL STILLSONE	(Signed) What S. M. Ceney M. D.
US II BIRTHPLACE OF FATHER (State or country) Caurel rud	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Eller Johnson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Wry. Dileson	Former or usual residence
(Address) Jaurel Well	Mureland Wed May 10 , 1932
15 Filed May 10 1932 M. Brushars	Loyd Kaiser Laufund
If more branks are needed, addrese State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

05527

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many "'"(Deal-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospina Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DI pneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death "(Transition," "Heart failure," "Haemorrnage, "Inansition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) approved diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the etc., of

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH pinous Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) W How long In U.S. if of foreign birth? Length of residence in city or town wh PHYSICIAN RECORD. (a) Residence: No: If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (qurite the word) (Month) (Year) 5a. If married, widowed, or divorce PERMANE HUSBAND ot i attended deceased from (or) WIFE of EX certificate. 6. DATE OF BIRTH (month, day, end year) If LESS than 7. AGE properl Months 1 dev.hrs. or min. 8. Trede, profession, or particular OCCUPATION kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc.... MARGIN RESERVED Jo may back 9. Industry or business in which plnods work wes done, es SILK MILL, SAW MILL, BANK, etc no 10. Date deceesed last worked at 11. Totel time (years) spent in this this occupation (month end that occupation instructions 12. BIRTHPLACE (city or town (State or country) plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diegnosis carefully MOTHER very important. 15. MAIDEN NAME 23. If death was due to externel causes (VIOL'ENCE) fill in also the following: 16. BIRTHPLACE (city or town OF DEATH (State or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. plnods Manner of Injury CAUSE mation NOIL Nature of Injury 24. Wes disease or injury in any way related to occupetion of deceased? 19. UNOERTAKER If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

BINDIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

1. PLACE OF DEATH County Village or City Village or City No. 2 - January (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death-occurred 2 yrs mos. ds. How long in U.S. Not foreign blirth? yrs. mos. ds. 2. FULL NAME (A) Residence: No. # County place of abode) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OBDIVORCED (write the word) 21. DATE OF DEATH (Marth)
Village or City Ward All VIII And VIII
Village or City Ward All VIII And VIII
(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death-occurred 3. yrs
2. FULL NAME (a) Residence: No. # Control of abode) PERSONAL AND STATISTICAL PARTICULARS 3. S\$X 4. COLOR OR RACE 9. SINGLE, MARRIED, WIDOWED, Ob DIVORCED (variet the word) 1932
(a) Residence: No. # Consider the word was a state of
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 9. SUNGLE, MARRIED, WIDOWED, OB DIVORCED (write the word) 1. DATE OF DEATH 1. 1932
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 1932 1. DATE OF DEATH MEDICAL CERTIFICATE OF DEATH 1. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, 1932
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH (1932)
Male John DIVORCED (write the word) May 28 1932
11/all (Manth) (Day) (Year)
5a/If married, widowed or divorced A MUSBAND of A MUSBAND
(or) WIFE of Suth (b. Staley. 22. Grandy 1932 to way 28 1932
7.1 9-1 1070 War 19 4 22
6. DATE OF BIRTH (month, day, and year) /
5-3 2 I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Z 8 Trade, profession, or particular
kind of work done, as SPINNER Sulfilling Inskator SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 1 1. Total time (years) this open and the more than the same time that the same time time the same time that the same time that the same time time the same time time that the same time time the same time time the same time time time time time time time ti
9. Industry or business in which
work was dona, as SILK MILL, SAW MILL, BANK, etc
year) 3 3 3 Coupation Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). Willow
(Stata or country) fff fline,
13. NAME Will Stalley. 14. BIRTHPLACE (city or town) Wingefor Name of operation. Date of
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy!
15. MAIDEN NAME JOURS OF STATE
O 16. BIRTHPLACE (city or town) Date of injury Date of injury 19
(State or country) // Office State) Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LIGHT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) # L. Suffeel and.
Place Washington Sate May 28, 1932. Nature of injury
Nature of injury
19. UNDERTAKER (1) 15 (1) 14 (1) 15 (1) 16 (1) 17 (1) 18 (1) 18 (1) 19 (
20. FUED TOTY 38 1952 Sur Sur (Signed) . O. Chu Suffelly M. D. (Address) Romania (Address) . Commission (Address)
If more blanks are needed, dddress State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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JUN 0 1932			
Other contributory causes of importance:		Other contributory causes of importance:	3 6 3
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. (ENT RECORD MARGIN RESERVED FOR BIND WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERM V. S. No. 1

N. B.

11	(15531)
PLACE OF DEATH	STATE OF MARYLAND
County Prince George	STATE OF MARYLAND CERTIFICATE OF DEATH
CORPO	Begistration Dist. No. 246
Village or City MY Ramier Md No. 37	11 B b Hill Board
Village or City MM Namel (No. 2/	St.: Ward) a hospital or institu-
16 1 - 21 1	tion, give its NAME in- stead of street and
2FULL NAME Senjamin yoch	Harvey stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, C	16 DATE OF DEATH
WIDOWED, JULY	May 14 , 1932
Mare 40 West (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
5,40 6 13/9	
(Month) (Day) (Year)	that I last saw have alive on Way 1957
	and that death occurred on the date stated above, at
38 yrs. 4 mos. 13 ds. or min.?	The CAUSE OF DEATH - was as follows:
8 OCCUPATION	Chance Messilled Wethritis
(a) Trade, profession or particular kind of work	
(b) General nature of industry	treat!
business, or establishment in which employed or (employer)	(Duration) www.yrs
9 BIRTHPLACE	Contributory M Me Maion The
(State or country)	Duration vie mos de
10 NAME OF	(Signed) SuylV. Nature M. D.
FATHER Charles W Harvey	5/20 1923 (Address) Hyallyullo led
IN STATES	
Z (State or country)	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental Sulcidal or Homicidal.
T 12 MAIDEN NAME SOME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER WAS	At place of death yrs mos ds. In the State yrs mes ds.
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Www H Harvey	usual residence
(Address) MX Rauner md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(1) 10 10 10 10	Washington N May 21 19.0
15 Filed May 20 1982 / Jun hally 10100	20 UNDERTAKER SOLD SOLD ADDRESS
V Registrar	Bladens burgay
if more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Houscuife, House laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; telanus) may be stated under the head of "contributory." State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Chronic valvular etc. The Nomenclature Always qualify all heart disease; contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.-Every, ient of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS Total state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ENT REGORD MARGIN RESERVED FOR BINDING PLAINLT, WITH UNFADING INK--THIS IS A PERM WRITE V. S. No. 1

9.3.	
1PLACE OF DEATH	STATE OF MARYLAND
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GERTIFICATE OF DEATH
County / County	
I Broade,	Registration Dist. No. 2,40
Village or City Mandyow (No.	St.: Ward) (If death occurred in a hospital or institu-
Va M	tion, give Its NAME in- stead of street and
2FULL NAME SUNY E SUMME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MA 37
WIDOWED, Muteum	182 2
(Write the word)	Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
, I,	, 192, 192, 192
(Month) (Day) (Year)	that I last saw halive on
7 AGE.	A /
brut 60 yrs. mos. ds. or min.?	The ERUSE OF DEATH was as follows:
8 OCCUPATION 0 0	The state of the s
(a) Trade, profession or particular kind of work Chaufer	Buting I to a de decide
(b) General nature of industry	au movea accessor
business, or establishment in which employed or (employer)	Ot Floral Pork, near J. B. md. 1000 de.
9 BIRTHPLACE	Contributory
(State or country)	Secondary (Duration) yrs
10 NAME OF	Auror Dowers
FATHER \/	(Signed)
0 11 BIRTHPLACE	The Disease Couring Dooth on In dooths from
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
☐ 12 MAIDEN NAME ✓ OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a l	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs. mos. ds, State yrs. mes. ds,
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Lung. C. Theres.	usual residence
fig. Head	19 PLACE OF BURIAL OR REMOVAL
(Address) January and Ma	orcan centery may 6, 13
15 Filed May 5- 1987, Inline Resouth	20 UN DERTAKER
Joeal Registrar	Durang Hogen mocasy mi
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.
	V

(Approved by U. S. Census and American Public Health Association.)

work, should be used only when wedcd. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farner or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or rindustry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day Stationary fireman, etc. But in many Laborer-Coal mine, etc. Womsingle word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,");

stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perdonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease "('Exhaustion,'' "Heart tauure, "Shock," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-Examples: A ceidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY or intercurrent) affection need not be ass important. Example: Measles (disease Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 2 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence In city or town where death occurred. RECORD. (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (wince the word) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days LESS than to have occurred on the date stated above, at \$ or____min. Oate of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc ... may 9. Industry or business in which plnods work was dona, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)
spent in this 10. Oata deceased last worked at this occupation (month and instructions 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_ Was there an autopsy! important. 15. MAIOEN NAME OF DEATH in Accident, suicide, or homicide? (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, of in PUBLIC PLACE. plnods (Address) 18. BURIAL, CREMATION, OR REMOVAL CAUSE LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER COLU (Address) 19.32 20, FILEO May Registrar. (Address) _____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter; machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(FI)
county trues of anges	Registration Dist. No. 242
Village or City Country Heights	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
— • • • • • • • • • • • • • • • • • • •	ds. How long in U.S. if of foreign birth?
2. FULL NAME Marion Minanda	Maisen
(a) Residence: No. Jefferson (Usual place of abode)	St., Ward. Virginia of the State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Henry H. Karser	22. I HEREBY CERTIFY. Thet I ettended decessed from 20,1932 to \$1932
6. DATE OF BIRTH (month, day, and yeer) 25, 1864	I lest sew h
7. AGE Yaers Months Oays If LESS than	to have occurred on the dete stated above, at 1500 m
68 4 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc. 10. Deta deceesad lest workad at this cocuration (month and	
SAW MILL, BANK, atc	
this occupation (month and 1932 spant in this spant in thi	***************************************
12 DIDTIDI (OT/cit. a.)	Other Cantributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Confrientle on helk
13. NAME Charles addion Remold	2.
13. NAME Charle addion Remolde 14. BIRTHPLACE (city or town)	Neme of operation Data of
(State of Country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Lotia E. Bondo	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Asha E Tools 16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Deta of Injury, 19
(Steta or country) Vicynia	Where did injury occur?
17. INFORMANT has Jellian B Jane	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Capatal Vertas, huy 18. BURIAL, CREMATION, OR REMOVAL	
Place Place Port Port Port Port Port Port Port Port	Menner of Injury
11/11/2/	Nature of Injury
19. UNDERTAKER // Chamber Co	24. Was diseasa or Injury in any way related to occupation of deceased?
(nouses) 400 deepen 29 Wash &	(150, specify
20. FILEO May 28, 1932 Share Registrar.	(Signed) James John M. D.
Negitrar.	(unhibas) - 1-A

Registrar.

If more blanks are noched, alldress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 1101

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
and the state of t			. 100

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

20. FILEO Way 30, 19

11		CTATE OF MADVILAND	CERTIFICATE OF REATH
X	state	STATE OF MARYLAND	CERTIFICATE OF DEATH (15535)
X		1. PLACE OF DEATH	
•	tem of info	· County My Yes	Registration Dist. No. 24
	em ohou	Village or City Near Bowce	No. St., Ward
	.= 0		death occurred in a horpital or institution, give its NAME instead of street and number)
	Every item CIANS sho ement of C	101 4 600	ds. How long in U.S. if of foreign birth?mosds.
		2. FULL NAME WIM T Knowla	ueu-
	RD. YSJ	(a) Residence: No. No. No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	RECORD. Every PHYSICIANS Exact Statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
1	27	male white OR DIVORCED (wrige the word)	(Month) (Dey) (Year)
7	Tr	5a. If married, widowed, or divorced HUSBAND of	
BINDIN	WANED A CT	(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
Z	SXA	Mi:17 1874	Jan 15 ,1932, 10 may 28, 1937
	IS A PE stated E properly certificate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 959 am.
FOR	IS A I stated properl	5-8 / 7 / 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
F	IS sta pro	2 Trade profession or particular	were as follows:
A	HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Cancer Show
RESERVED		Industry or business in which work was done, as SILK MILL.	Primary in layouph glands.
E H	VK—T should it may n back	SAW MILL, BANK, etc.	Centra
SS	0 + 5	O this occupation (month end / / / / / spent in this /	
RI		yeer) occupation life	Other Contributory Causes of importance:
Z	ADING d. AG s, so tha	12. BIRTHPLACE (city or town) Oolbrado	
MARGIN	FA] ied. ns, stru		
AB		13. NAME Budolph Revolanch 14. BIRTHPLACE (city or town) Switzerland	
M	H su su in	14. BIRTHPLACE (city or town) SWUZ Erland (Stete or country)	Name of operation Date of
	IIIy		What test confirmed diagnosis?
	9 8	T	23. If daath was due to external causes (VIOLENCE) fill in also the following:
	cal TH port	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
	AINLY Id be can DEATH	Mary Kull-101	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	A D I A	(Address) Bowl Will	Open, and injury occurred in INDUSTRI, III NUME, OF IN PUBLIC PLACE.
	Should be be	18. BURIAL, CREMATION, OR REMOVAL 14 A	Manner of Injury
	E	Piace august 100 pate 1004 30 19 37	Nature of injury
	WRITE mations CAUSE	10 HADERTANED OF TOWN YOURS	24. Was disease or injury in any way related to occupation of deceased? 40
[0.1	LEOF	19. UNDERTAKER (Address)	If so, specify

Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	Care :
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF N	MARYLAND-	CERTIFICATE OF DEATH	5536
1. PLACE OF DEATH	, ,		
County Truce Tearge	es Cocenty	Registration Dist. No.	15
Village or City Thy attacelle Langth of residence In city or town where death occ	/_ (I	No. St., f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foraign birth?yrs	
2. FULL NAME (was a tell	las Steralis	Latimer)	103
(a) Residence: No. 4/ Shehi	les d'Coul	St. 9 Ward.	
	Isual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1 OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word) Warried)	21. DATE OF DEATH May (Month) (Day)	, 193 2/ (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of	0 , .	22. I HEREBY CERTIFY, That I attended	deceased from
(or) WIFE OF Frances J. Lo	atemer	may 11 1932 to May 12	1932
6. DATE OF BIRTH (month, day, and year) Seh h.	1. 1447		: daath is sald
	Days If LESS than	to have occurred on the date stated above, at 4 P.m.	
5 6 54 7	1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	
8. Trede, profassion, or particular	0 10	arterio-Delerosis	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	sewife	0	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	0	Ostertis Reformans	1927
10. Date decaasad last worked at this occupation (month and yeer)	11. Total tima (yaars) spant in this occupation		
12. BIRTHPLACE (city or town) Jufferson	, maryfacek	Other Coutributory Causes of importance:	** ********
13. NAME TO TELLE	Per		
E	22.6	Name of operation	
14. BIRTHPLACE (city or town)	WW. J. 1. 1. 1. W.	What tast confirmed diagnosis?	autoney? AAC
15. MAIDEN NAME Maril & Hors	vard Karler	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Mary C. Box 16. BIRTHPLACE (city or town) Frederic (State or country)	ik Mai	Accidant, suicida, or homicide? Data of injury	•
17. INFORMANT TRANSCES J G. (Address) Alexattanell	tuner	Where did Injury occur? (Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	ite) LACE.
18. BURIAL, CREMATION, OR JEMOVAL Pleca Prediction M. J. Data	2010x 74/0 32	Manner of injury	
19. UNDERTAKER J. Jacker J. (Address) Afra Tanella	our d	24. Wes disease or Injury In eny way releted to occupation of deceased? If so, specify	MO
20 FILED May 134, 1932 fas.	Lovere	(Signed) Suy Salina	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Bistinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial neubrilis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Exact statement of OCCUPA-

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	59
	County Prince Leorges.	Registration Dist. No.
	Village or City O you Hell	NoStWard
/	(If Length of residence in city or town where daath occurred vrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
/		O now long in 0.5. it of foreign until!yismosus.
	2. FULL NAME Harriett m. mattin	
	(a) Residence: No. (Usual place of abode)	M., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gwrite the word)	21. DATE OF DEATH ay 24 1932
	5a. if married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I attended deceased from
	10-10-19	march ,1952, 10 May ,1952
ite.	6. DATE OF BIRTH (month, day, and year) Ling. 10 - 1867.	I last saw h. Le alive on hay 23, 1952; death is said
certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 4. 3 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ert	ormin.	were as follows:
o jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dratiles & pellelus 4 40
	Industry or business in which	
back	SAW MILL, BANK, etc.	
on		
suc	year) occupation occupation	Other Contributory Causes of importance:
cti	12. BIRTHPLACE (city or town)	Come by hours 154. 12 hro.
instructions	(State or country)	
	Li 13, NAME A.	
See	14. BIRTHPLACE (city or town) W. Va.	Name of operation Date of
		What test confirmed diagnosis? Musully 2002. Was there an autopsy?
important	I ama visuos	23. If death was due to external causes (VIOLENCE) fill in also the following:
por	(State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
	Jas. L. mottinaly	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
very	(Address) Colon Pull & Mod.	
is v	18. BURIAL CREMATION, OR REMOVAL	Manner of injury
	Place St. 9 gratuis less Date 5-26, 1932	Nature of injury
LION	19. UNDERTAKER Phomase F. Murrays Son	24. Was disease or injury in any way ralated to occupation of deceased?
	(Address) 2007 - nichols are S. E. De	If so, specify
	20. FILED 5/26 137/ Cuy Down and	(Signed) J. D. D. ay ne M.D.
)	Registrar.	(Address) 2010 Nalorama 1 a 1860h 20

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset
Chronic interstitial nephritis	1921	Run over by street car	TERL O NOC	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			MECENED	
Other contributory causes of importance:		CANDED OF BUILDING	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

County Prince 940 Village or City Mile and Mile 1970 Length of residence in city or town where death occurred a process of the country of t	1. PLACE OF DEATH	CERTIFICATE OF DEATH 05538
Village or City Machael Control (Ild Scholars) Length of residance in city or town where death occurricy) Length of residance in city or town where death occurricy) 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIOOVED, OR DIVORCEO (envir be word) What will be a subject of the control of t	0 : 2 =	277
Length of residance in city or town where death occurring the court in a hospital or institution, give its NAME instead of street and number) 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERGE Cerit of PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERGE Cerit of PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERGE Cerit of PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERGE Cerit of PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERGE Cerit of PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERGE Cerit of PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERGE Cerit of PARTICULARS 3. SEX 5. SINCLE, MARRIED, NICOWED, OR DIVERGE CHARLED, NIC		Registration Dist. No.
Length of residence in city or town where death occurred. Trmos		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCEO (wenter by word) OR DIVORCEO (wenter by word) Or Or DIVORC		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRID, WIOWED, OR DIVORCEO (write the word) WILLIAMS 5. If meriad, widowed, or divorced HUSBAND of Correct of the STAND of Correct	2. FULL NAME Jarah 6 King	Jaw
3. SEX # 4. COLOR OR RACE Unit 1 OR DIVORGO (write the word) OR DIVORGO (write or DIVORGO (write or DIVORGO (write or DIVORGO (write or DIVORG		
53. If merried, widowad, or divorced HUSBAND (Oay) 193. (Yes Williams and Company of Com	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of (or) WI	OR DIVORCEO (write the word)	May 31, 19st 72
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. To min. S. Trade, profession, or particular S. AWYER, BOOKKEPER, etc. B. Industry or business in which work was done, as SPINK MILL, SAW MILL, BARK, atc. 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME The profession, or particular II. Total time (years) SAWYER, BOOKKEPER, etc. D. Industry or business in which work was done, as SPINK MILL, SAW MILL, BARK, atc. Other Cadributory Causes of importance: Other Cadributory Causes of importance: What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there are autopsy? Where did injury occurred in INOUSIRY, in HOME, or In PUBLIC PLACE. Where did injury occurred in INOUSIRY, in HOME, or In PUBLIC PLACE. Where did injury occurred in INOUSIRY, in HOME, or In PUBLIC PLACE. Where did injury occurred in INOUSIRY, in HOME, or In PUBLIC PLACE. Where did injury occurred in INOUSIRY, in HOME, or In PUBLIC PLACE. Where did injury occurred in INOUSIRY, in HOME, or In PUBLIC PLACE. Where did injury occurred in INOUSIRY, in HOME, or In PUBLIC PLACE. Where did injury occurred in InouSIRY, in HOME, or In PUBLIC PLACE. Where did injury occurred in InouSIRY, in HOME, or In PUBL	HIICDAND -/	22. I HEREBY CERTIFY, That I attended deceased from
8 Trade, profession, or particular kind of work done, as SPINNER. 8 Trade, profession, or particular kind of work done, as SPINNER. SAW MILL, BAKKEPER, etc. 9 Industry or business in which work was done, as SPINNER. SAW MILL, BAKK, atc. 10. Oate deceased last worked at the work was done, as SILK MILL, SAW MILL, BAKK, atc. 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) What test confirmed diagnosis? Was there an autopsy? 18. BURIAL, CREMATION, OR REMOVAL Place Manner of injury Mature		012 3 6 2 7 6
8. Trade, profession, or particular kind of work done, as SPINNER, at home says follows: SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country), 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. Actual at Name of oparation. Oate of Actual this order of injury and State) Specify city or town, country and State) Manner of injury Manner of injur		
8. Trade, profession, or particular with of work done, as SPINNER, at home of which does, as SPINNER, sawyer, BOOKKEPER, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, and work was done, as SILK MILL, SAW MILL, BANK, and this occupation (month and this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Manner of injury Manner of in	83 / 12 10ay,mis.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place Other Contributory Causes of importance: Other Contributory Causes of impor	8. Trade, profession, or particular kind of work done as SPINNER	Chrone organ chart
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place Other Contributory Causes of importance: Other Contributory Causes of impor	SAWYER, BOOKKEEPER, etc.	disease 1923
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place Other Contributory Causes of importance: Other Contributory Causes of impor	Work was done, as SILK MILL,	acherilar Rheumaham 1924
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place Other Contributory Causes of importance: Other Contributory Causes of impor	SAW MILL, BANK, atc	The state of the s
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Other Centributory Causes of importance: Other Centributory Causes of impor	Spent In this	a full of fractured hip May
13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. Manner of injury 19. Manner of injury 19. Mature of in	miduan	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. Oate of What test confirmed diagnosis? Was there an autopsy? 23. If death was dua to external ceuses (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. What test confirmed diagnosis? Was there an autopsy? 25. If death was dua to external ceuses (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. What test confirmed diagnosis? Was there an autopsy? 4. Cidenth, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Accident, suicide, or	12. BIRTHPLACE (city or town)	
Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Was there an autopsy? Was there an autopsy? Was there an autopsy? 23. If death was due to external ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Was there an autopsy? Was there an autopsy? Was there an autopsy? Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Wanner of injury Nature of injury Hall Clause Nature of injury		
Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Was there an autopsy? Was there an autopsy? Was there an autopsy? 23. If death was due to external ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Was there an autopsy? Was there an autopsy? Was there an autopsy? Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Wanner of injury Nature of injury Hall Clause Nature of injury	I IS, NAME TUNES / LOUIS	
What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Was there an autopsy? Was there an autopsy. Was there and a to psy. Was there an autopsy. Was there an autopsy. Was there an autopsy. Was there an autopsy. Was there and autopsy.	14. BIRTHPLACE (city or town) Willens as	Name of operation
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) (Addre	(Stata of country)	What test confirmed diagnosis?
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) (Addres	15. MAIOEN NAME / 2 asabasa Novy	23. If death was dua to external ceuses (VIOL ENCE) fill in also tha following:
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) (Addres	[16. BIRTHPLACE (city or town) / eunessee	Accident, suicide, or homicide? accident Date of injury May 2, 19 3 2
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Manner of injury Nature of injury Had Clause of his catelogy Nature of injury Nature of injury Had Clause of his catelogy Nature of injury Nature of injury Had Clause of his catelogy Nature of injury	State or country)	Where did injury occur/
Place Mutchellville Hate June 2, 1972 Nature of injury Hill ctule of his	II. IN ORIHAN	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL & Space June 1972	11/2 11 27 1 1 1 - 1
19. UNDERTAKER And Grant 10 24. Was disease or injury in any way related to occupation of deceased? 11 so, specify 11 so, specify 12.		24. Was diseasa or injury in any way related to occupation of deceased? Zwo
The state of the s	20. FILED June 12, 193 De Carry Smith	(Signad) Clycudy Sanger, M. D

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	I week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GECENTED	3
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

born in 19.0.

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH	05539
				00000

1. PLACE OF DEATH	MILAND		
Country mae Levrae		Registration Dist. No. 234	
Village of City of isa ataux	0	No. St Ward	
Length of residence in city or town where death occurren		f death occurred in a hospital or institution, give its NAME instead of street and number)	
	1	sds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Jose Phrael II	renel 11	redlerg	
(a) Residence No. (Usual	place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
fr (Office of DIV	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH May 30 th -, 1932 (Monyh) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of	The state of the s	<u> </u>	
(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) Fels. 21	1931	Light saw h salive on 10 death in the	
7. AGE Years Months Days	s If LESS than	I last saw h; death is said to have occurred on the date stated above, atm,	
19370 3	9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular kind of work done, as SPINNER,	1 01	were as follows: Date of onset	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		- atta dance	
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and			
SAW MILL, BANK, etc	otal time (vears)	Cholera Infantum	
O Date deceased last worked at this occupation (month and year) spent in this occupation.			
12. BIRTHPLACE (city or town) Treedmen's	Hask tal	Other Contributory Causes of importance:	
(State or country) Vashuigton	, 08/10	-	
13. NAME John Howard	nedles		
13. NAME Some Howard 1		Name of operation	
(State of country)	land.	What test confirmed diagnosis? Was there an aulopsy?	
15. MAIDEN NAME Mary Cum Signal	okse	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Anial Jo	eorgels.	Accident, suicide, or homicide?	
E (State or country) Mary 10	en of	Where did injury occur?	
17. INFORMANT They Howard	: Medly	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) / Secatawase 18. BURIAL, CREMATION, OR REMOVAL	, ma. f		
Place Latitute Date 7	My 30 - 192	Manner of injury	
1. (1)	()	Nature of injury	
19. UNDERTAKER OSEPHU SULKED	ugus	24. Was disease or injury in any way related to occupation of deceased?	
2 de la constante de la consta	al al	If so, specify Pena Pount barren Res	
20. FILED May 30-, 1932 / Jena	Nuell Registrar.	(Signed) Time of White Machine	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onsel	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECE.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULSTAN V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05540
1. PLACE OF DEATH	157-2
County Prince George County	Registration Dist. No. 231
Village or City Blade when well	NoSt.,Ward
CIII.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
W. I a	
2. FULL NAME Frances M. Moon	
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHY (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 2, 19 to many 4, 19 5 C
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc	Congental heart
work was done, as SILK MILL, SAW MILL, BANK, etc	- Alsers.
SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ID-Oake deceased last worked at this occupation (month and year) Spent in this occupation SAW MILL, BANK, etc. ID-Oake deceased last worked at this occupation (month and year) SAW MILL, BANK, etc. ID-Oake deceased last worked at this occupation ID-Oake deceased last worked at this occupation SAW MILL, BANK, etc. ID-Oake deceased last worked at this occupation ID-Oake deceased last worked	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
13. NAME Herry h nason	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(orace or country)	What test confirmed diagnosis? Was there an autopsy? 120
15. MAIDEN NAME GENTLES LOSVES	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Season	Accident, suicide, or homicide?
17. INFORMANT DESCRIPTION (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Otto Stranger of Oate Jeff Co, 19.2	Nature of Injury
19. UNDERTAKER Francis Papalis Some	24. Was disease of injury in any way related to occupation of deceased? 11 fso, specify 12 fso
20. FILED May 62 , 1932 M. D. Defuell Registrar.	(Signed) M. O. (Address) M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County PV. Seco	,	A Registration Dist. No. 245
Village or City / Cinere	ale	No. 208 Suffice St., War f death occurred in a hospital or institution sive its NAME instead of street and number)
Length of residence in city or town where		sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Cmi	1 () 1/1	
(a) Residence: No. 208	Darfuld 1	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 14 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	1, .	22. / HEREBY CERTIFY, Thet I attended deceased fro
(or) WIFE of Chew /h	ullgare	- 1 1932 to May 14 1932
6. DATE OF BIRTH (month, day, and year)	lieg 19. 1865	I last saw h. Malive on May 14 , 1982; death is sa
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
6 6 8	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Margarile.	1
SAWYER, BOOKKEEPER, etc	o rouseocpe.	Coural remarkage (thi-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at		May 1
1D. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	
Pint	Nil deal	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Washington (State or country)	land	7/1 and the
13. NAME - ?	Martin.	Neglishis
13. NAME 14. BIRTHPLACE (city or town)	who Kelawe	Name of operation Date of
(State of Country)	Irland.	What tast confirmed diegnosis? Chunol apuplin Westhere an eutopsy? "
15. MAIDEN NAME -		23. If death wes due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME - 7. 16. BIRTHPLACE (city or town)	~~~~	Accident, suicide, or homicide?, 19, 19
(State or country)	G 1/18 11	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mass Stew	Kunn (Www.)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Address) 18. BURIAL, CREMAPION, OR THOUAL O	na.	No. of the contract of the con
Plecalellington Va.	Dete May 18/1932	Manner of Injury
OF. Yas	clir of la	
19. UNDERTAKER (Address)	ville med	24. Was disease or injury in any way related to occupetion of deceased?
20. FILED May 18"/1932 M	10 las Sames	(Signed) Martin Meane M.
20. 11207-1207-1-1-1	Alon La Registrar.	(Address) 11 Darkson ane

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Chronic interstitute nepurious	1321	Nun over by street cur	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

C		2	ADDITIONAL	SPACE FOR	R FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
-	1	SW						
9	7	h						

V. S. No. 1

B-WRITE PLAINLY WITH LINEADING INK THIS IS A PERMANENT RECORD Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
--	--	--	--

STATE OF MARYLAND—	CERTIFICATE OF DEATH (5542
1. PLACE OF DEATH	23
County Purce GEO WITHIN CORPORAT	Registration Dist. No. 239
Village or City accept 1009.	No. St. Ward
Length of residence In city belown where death occurred 49yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
Mi · M. · St. M. al	os. How long in 0.3.11 of foreign parting.
2. FULL NAME Of elliano TY. Igull	igui.
(a) Residence: No. (Usuaf place of abode)	// St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) MALL	21. DATE OF DEATH May 21. 193 2.
5a. If marriad, widowed or diverced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Cla Hulfigan	22. f HEREBY CERTIEY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year)	liast saw h alive on 1932; daalh is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 1033 m.
66 4 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER. Electricians SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work dona, as SPINNER, Cleature SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SiLK MILL, 2el. Co. 10. Date deceased last worked at this occupation model and the second in this control to the	Islamony Antuculous
work was done, as SILK MILL, Lef. CO	
10. Date decaased last worked at this occupation mail rank of this occupation mail rank of the corupation occupation.	
13 BIRTURI ACE (situat taux)	Other Cantributary Causes of Importance:
(State or country)	
13. NAME Sasel of Mulligary 14. BIRTHPLACE (city or town) (State or country)	
4 14. BIRTHPLACE (city or town)	Name of operation Data of
(State of Country)	What tast confirmed diagnosis?
16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT YES Tolla Mulligue	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place My Hell Date May 24, 19 32	Manner of injury
19. UNDERTAKER A Toyd Kauser (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED May 24, 1932- M. Beasheare Registrar.	(Signed) 73 fluctured M. D. (Address) A arrived M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo	
BURRATTYS				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

- ii	No.	St.,	Ward				
_mos.	death occurred in a horpital or institution, give its NAME instead of str.						
1	00						
V	alley	~/					
	St., (Ward. District	15	/				
-	If nonresident give city or to		le				
	MEDICAL CERTIFICATE OF DEA	TH					
1,	21. DATE OF DEATH May						
	(Month) (Oay)	19	(Yaar)				
			(1001)				
	22. I HEREBY CERTIFY, That I a		aased from				
	may 2 , 1932, 10 may	-46	, 19.3				
	I last saw firm, alive on many 1	19.3.2 d	eeth is said				
ın	to heve occurred on the date stetad abova, at 16/3 Pm.						
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importan	ce					
	were as follows: July cular	D	ato of onset				
			mill from				
0.0	•						
14	k						
110	ther Coutributory Causes of Importance:						
W	Y						
-			~				
	Name of operation	eta of					
	What test confirmed diagnosis? Was th	era an auto	psy? MO				
	23. If daath was due to externel causas (VIOLENCE) fill in also the following:						
	Accident, suicide, or homicide? Date of Injury.		19				
	Whera did injury occur?		.,				
	(Specify city or town county	and State)					
	Specify whather injury occurred in INDUSTRY, in HOME, or in PUB	LIC PLACE					
32	Manner of Injury						
-	Natura of injury.						
	24. Was disease or injury in any way related to occupation of decease	sed?					
1	If so, spacify						
1	(Signad) James to Trutto		M. O.				
	(Address) Gloun Dale	Wish.					
	N. Charles Street Patrices P. C. N.						

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	Example II			
The principal cause of death and related causes Date of onset of importance were as follows:				Date of onset
Arteriosclerosis	1915	Attack of epilepsy	SEGI Z NOC	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	RECEIVED	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

'? more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requestice V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer frestate occupation at beginning of illness. If retired from or given up on account of the DISELSE CAUSING PEATH to report specifically the occ pations of persons enployed, as At school or At home. (are a) muld be taken Work. definite salary), may be outered a. Housewife, House household only (not paid Housekeeper's who receive a en at home, who are engaged in the duties of the whatever, write None. Housemaid, etc. gaged in domestic service for wages, as Servent, Cook, er," etc., Never return "Laborer," "Toreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceslaborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the "pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescapation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material tion applies to each and every person, irrespective of Statement of Occupation Precise statement of oc-6 W.8.). For many occupations a single word or term on or 47 without more precise specification as Day Home, and children, not gainfully em-For persons who have no occipation If the occupation has been changed second statement.

Exacement of Cause of Death—Name, first, the bis case causing death (the primary affection with hespect to time and causation), using always the same accepted term for the same disease. Examples: Cereboopinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Cyoup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia"):

ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain-acoident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or "PUERPERAL septioaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Poisoned by curbolic acid-probably suicide. The na-State cause for which surgical operation was under-"Uraemia," "Weakness." etc., when a definite disease vulsions." Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Dehility" ("Congeuital." "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Measles failure," "Haemor-The contributory "Coma," "Con-(disease (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mo fredarith

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second staten-ont. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs.). business, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Scrvant, Cook, work, or At Home, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as For persons who have no occupation and children, not gainfully em-The material

Statement of Cause of Death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing 'death), 29 ds.; Bronchopncumonia quences (e. g., sepsis, tetanus) may be stated under the rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of head of "contributory." (Recommendations on state-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; State cause for which surgical operation was under-"Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," use of "Tumor" for malignant neoplasms); "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJUBY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart "Coma," "Con-Meastes; disease; (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING MARGIN RESERVED

V. S. No. 1

RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-WRITE HIMINLY, WITH UNFADING INK—THIS IS A PERMANE, mation should be carefully supplied. AGE should be stated EXACT CAUSE OF DEATH in plain terms, so that it may be properly classified TION is very important. See instructions on back of certificate. ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 65546
County rice Letter	Registration Dist. No. 240.
ovulty	
Village or City / Xr andysomb	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,mos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Ida Vinkner	1
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (princ the word)	21. DATE OF DEATH (Month) (Day) (Year)
#USBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1. 0.	, 19 , to , , 19 , , 19 , , 19 , , 19 , , 19 , , 19 , , 19 , , , ,
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	I last saw h alive on, 19; death is said to have occurred on the date stated above, at 3.20 7 m.
7. AGE Yaars Months Days If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
S Trade colleges as continues.	wara as follows:
8. Trade, prolassion, or particular kind of work dona, os SPINNER, SAWYER, BDOKKEEPER, etc.	Med helm Step
Andustry or businass in which	and a formation
SAW MILL, BANK, etc.	gowen fange major
kind of work dona, os SPINNER, SAWYER, BDOKKEEPER, etc. Industry or businass in which ork was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date dacaasad last worked at this occupation (month and / 4 2 2) 11. Total time (years) spent in this 2 2	mane they at the
this occupation (month and 1932 spent in this 30 occupation . 33	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Grandy wone,	Other Courroutory Causes of Importance.
(State or country)	
13. NAME Produce Munt	
13. NAME Todae Neut 14. BIRTHPLACE (city or town) Branky work	Name of operation Date of
(State or country), mod	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Heurella Todas 16. BIRTHPLACE (city or town) Branky cone (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Branky Cone	Accident, suicide, or homicida? Date of injury19
∑ (State or country)	Whare did injury occur?
17. INFORMANT WM M Frolu (Address) Lagranians	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Libbons Cemeter, Date Muy 21-, 1922	Natura of injury
19. UNDERTAKER A. J. Greines	24. Was disease or injury in any way related to occupation of deceased?
(Address) Agazerse Wid	If so, spacify
20, FILED May 19-, 1927 Julius M. Smith	(Signed) William 11. 7000 M.D. (Address) room md.
Registrar.	* (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	2 200	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1601 7	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	L PROPERTY	3 days ago
			davia	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. TRECORD. Every item of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE. MARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County / try Jego	Registration Dist. No. 233
Village or City // august	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	des. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Interner	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAN / 5 193 2 (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
e DATE OF BIRTH (month day and mon)	I last saw h alive on 19 death is said
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2.3 3 m.
4 1932 may 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Stellbarre Date of onset
year) occupation occupation	Othar Cantributory Causes of importance;
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 13. NAME 14. BIRTHPLACE (city or town) mo	Name of operation Date of
(Stata or country)	What tast confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Cura Drymer	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT (Addrass) Paylor, and	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Dete May 16, 19.32	Manner of injury
19. UNDERTAKER Florge Pinkeney (Address) naylor may	24. Was disease or injury in any way ralated to occupation of daceased?
20. FILED May 16., 1932 Earnest N. Garner.	(Signed) Williams M.D. (Address) rorm ma
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

05547

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

- Dannie I	137	ample 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of de of importance were as fol	eath and related causes llows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1014.0	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	A MAR CAL	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	7001 ~	3 days ago
•			G MIL	
			Terran .	N.
Other contributory causes of importance:		Other contributory causes	of importance.	H
Gallstones	May 1,1923			1 year
		`		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

N. B.-

	UUUTU
PLACE OF DEATH	STATE OF MARYLAND
Count Count	CERTIFICATE OF DEATH
6	Registration Dist. No. 244
Village or aty Williage or aty Williage or aty	St: Ward) (If death occurred in
	tion, give its NAME in-
2FULL NAME 1	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED OR DIVORCED	JULIU 30, 1025 1
(Write the Word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the daceased from
JUVUOV . 30 04, 14 32	that I last saw 1 2 on 198
7 AGE (Pay) (Year)	0111
I day hrs.	
yrsds. ormin.?	Still Som
8 OCCUPATION (a) Trade, profession or	
particular kind of work	***************************************
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Durstion) yrs
10 NAME OF	(Signed) R. Magan M. D.
FATHER COST, W. Crushy	1 1301987 (Address & March 18
OF FATHER ON ALL STATES	
OF FATHER (State or county) 12 MAIDEN NAME,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER VAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	iente or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(1) Kath Mr Husen	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Hiddress) Delivery	addison Chapel Md. Gray 20, 1032
15 Filed May 30' 1982 Grace a Vice	20 UNDERTAKER ADDRESS
Lefuly Registrar	John Thome Seal Pleasan
If more branks are needed, addrass State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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3

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation laborer, should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servan household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Carc should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, worked on may form part of the second statement. borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, 6 Automobile factory. The material Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid—probably suicide. The nature of the injury, "telahus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; "Marasmus," "Old Age," "Shock, Chronic etc. The contributory valvular heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	1915	Attack of cpilcpsy	1 week aga		
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUREAUVE					
Other contributory causes of importance:		Other contributory causes of importance:			
Gollstanes	May 1,1923	Gastraenteritis	1 year		
	May 1,1923		1 y		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
						-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05801
1. PLACE OF DEATH	(2)
County Since Georges	Posistration Diet No. A. L. S
Village or City / Ly attisigle, mel	No. Railwad ave St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 25 yrs mos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME Illiam Heur	y sharp read
(a) Residence: No. Raelsval ave	T. St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
21 6 OR DEVORCED (write the word)	Mary 2/ 1932/ (Yeer)
5a. If married, widowed, or divorced HUSBAND of (ex) MISSON Fig. 12 August Buyel	22. I HEREBY CERTIFY, That I attended deceased from
100 11 1061	11,000,10
6. DATE OF BIRTH (month, dey, end year 1. 16 / 8 0 17. AGE Yeers Months Days If LESS then	to heve occurred on the date steted above, and the part of the date steted above, and the part of the
7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular	mere as follows: Date of onsot
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
9 Industry or business in which work wes done, es SILK MILL, 19. Bureau of bog SAW MILL, BANK, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, Sawwers of the SAW MILL, BANK, etc. 10. Date deceased as worked at this occupation and the saw occupation occupation.	
12. BIRTHPLACE (city or town) Winginia	Other Contributory Causes of importance Licasis 45 m
(State or country)	atterio Selevosis 45 70.
13. NAME West Application 14. BIRTHPLACE (city or town) Virginia	
14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	What test confirmed diagnosis?
E n/:	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the following;
O 16. BIRTHPLACE (city or town) (State or country)	Date of might
81.+12/8/2010	Where did injury occur? (Specify city or town, county and State)
17. NFORMANT Coll Will. Miller (Address) P. R. Ceve Heratthrelle mu	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piace Harmony ent, Dete May 25, 132	Nature of injury
19. UNDERTAKER WEISSest Dawis	24. Wes diseese or injury in any way related to occupetion of deceased?
(Address) 14 32 your St. nw. 10.C/	If so, specify
20. FILED May 22, 1932 Thro Jas Denese	(Signed) William V. Spiller M. D. (Address) 108 R. Dave Brentwood Mid
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

BUREAU V.S.

Example II

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ano Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

for/ authorization to	channe	Pa- 1.	\a_1 = 1 = 0	1
for authorization to	4 ple	POTT.	undel	"Spello."
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4	WRITE PLAINEY,	of informat
V. S. No. 1	WRITE	N. B Every item of information s
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	PLACE OF DEATH	STATE OF MARYLAND
	County The Med	© CERTIFICATE OF DEATH
	B. A. Martin con	Registration Dist. No.
Vi	illage or City All Man (No. 37 8	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and
	2FULL NAME	(Lowe number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6	DATE OF BIRTH YURY 6 . , 1932	17 I HEREBY CERTIFY, That I attended the deceased from
1_	(Month) (Day) (Year)	that I last saw halive on, 192
7	AGE Stillsonn (5 mo) If LESS than I day	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8	yrsmosds. ormin.?	9-1811008
The same	(a) Trade, profession or particular kind of work	201 20 444 1 4 4
10	(b) General nature of industry	
	business, or establishment in which employed or (employer)	(Duration)yrsnnosds.
9	BIRTHPLACE (State or country) Breutwood Clik	Contributory Secondary (Duration)ys
	10 NAME OF FATHER SURREDUM	(Signed) (A) MK H Deston M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (i) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN NAME	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER (State or country) By Lutwood Yeld	At place of death yrs mos ds. State yrs ds. Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Mys. L. RAWE.	usual residence
	(Address) 3 4/8 1 Evans \$ 1.	19 PLACE OF BURIAL OR REMOVAL PM J DATE OF BURIAL
15	Filed My 7 1932 / Hay hally Mill Registrar	4 Rendo In Bluders by West
	If more blanks are needed, address State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age, Snock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important Example: Measles (disease (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL; taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., of " "Marasmus," "Old Age," "Shock, or intercurrent) affection need cough; Chronie chopneumonia (secondary), The n.ture of the injury, etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11/1, 41			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

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Jo

xact statement

properly classified.

should

certificate.

See instructions on

16. BIRTHPLACE (city or tow (State or country)

15. MAIDEN NAME

(Addrass)

(Addrass)

20. FILED May

19. UNDERTAKER

CAUSE OF DEATH in plain terms, se that

TION is very important.

MOTHER

carefully supplied.

mation should.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 05552
County Trince Georges Village or City Bladenshing Mil,	Registration Dist. No. 23/
Langth of residence in pity or town where death occurred 23	death occurred in a hospital or institution, give its NAME instead of street and number) // ds. How long in U.S. (f of foreign birth?
2. FULL NAME Selloy (a) Residence: No. (Usual place of Arbode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Madowe 4	21. DATE OF DEATH (Mogrit) (Day) (Year)
53. If married, widowed, or divorced HIJBAND of Christian Selby (deceased)	22. I HEREBY GERTIFY, That I attended deceased from March 29, 1932, to May 12, 1932
6. DATE OF BIRTH (month, day, and year) Quaus [16. 1872]	I last saw him alive on may 1, 1932; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 12,00 m.
59 5 12 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Clortic Jusufficieny Que Ger
sawyer, BDDKKEEPER, etc.	muscardital, 1
SAW MILL, BANK, atc. 10. Data deceased last worked at 11. Total time (years)	
10. Data decaased last worked at this occupation (month and yaar) 1930 II. Total tima (yaars) spent in this occupation 12 years)	
Ninginia de la maria della mar	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) / Company (Stata or country)	Mesus secessia 1728
13. NAME Joshua Mason	
14. BIRTHPLACE (city or town) Damasque (State or country)	Name of oparation. Move Date of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

What tast confirmed diagnosis?_____

Accident, suicida, or homicida?...

Manner of injury Natura of injury

If so, specify

23. if death was due to axtarnal causes (VIOL ENCE) fill in

(Specify city or town, county and State)
Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A JUN STEET			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

This man	CE FOR FURTHER STATEMENTS BY PHYSICIAN his
mothers ma	iden name.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1553)
1. PLACE OF DEATH	(D)
County Prince Stearge	Registration Dist. No. 240
Village or City Climbon, and	No. St Ward
Length of residance in city or town where daath occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Eliza beth Cotherin	ie Shaner
(a) Residence: No. 27/0 Greenwood Que. 70	Bolly ware med.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH W ?
tem while single	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND or (or) WIFE of	22. I, HEREBY CERTIFY, That I attended dacaased from
	april 1 ,1932,10 May 3 ,1932
6. DATE OF BIRTH (month, day, end year) June 8 1844	Hast saw her alive on aferil 39, 1932, daath is said
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the data stated above, at 334 m.
7 0 25 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Treda, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	General arteriosele Mulinos
9. Industry or business in which	reselection when
SAW MILL, BANK, etc. W None.	We feller Underson
10. Date decaased last worked et this occupation (month and fruil 1432 spant in this year)	
12. BIRTHPLACE (city or town) Ballemere	Other Contributory Causes of Importance:
(State or country)	the second secon
13. NAME George W. Shanes	
4 14. BIRTHPLACE (city or town)	Name of operation Rove Date of
(State of country) Elemanica	What tast confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Elizabette Boxandel	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
me a ve of to	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT There Searce So Custing (Address) The Clerkan med.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR PENTOVAL 22	Manner of Injury
Place Date 19	Nature of injury
19. UNDERTAKER Authority (Address)	24. Was disease or injury In any way related to occupation of dacaased? 720
20, FILED May 3, 1937 Julius & Smith	(Signed) Faul & The yalta MD
Local Registrar.	(Address) Upper Upglbard 841 Jud.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 37 ESSE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	A	CERTIFICATE OF DEATH 05554	
1	L. PLACE OF DEATH		
	County / / Co	Registration Dist. No.	
	Village or City Soyattswille	No. 1. M. Ward feath occurred in a hospital or institution, give its NAME instead of street and number)	
		ds. How long in U.S. if of foreign birth?yrsmosds	
2	2. FULL NAME Jachus & ha	h	
	(a) Residence: No.	St., Ward.	
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	M. Negro OR DIVORCED (tayle the word)	9 - (1 193 32	
5e.	if merried, widowed, or divorced	(Month) (Day) (Year)	
	HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. Thet I ettended decessed from	
6.	DATE OF BIRTH (month, day, end yaer) 5 /11/32	I lest saw h. Melive of an grant 5-11, 19 2 death is said	
7.	AGE Years Months Pays If LESS than 1 day,hrs.	to have occurred on the deta steted above, at	
	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	
NO	8. Trade, profession, or particular kind of work done, es SPINNER,		
ATT	SAWYER, BOOKKEEPER, etc	(Jumotuntes	
:UP	work wes done, es SILK MILL, SAW MILL, BANK, etc	Ministerry	
OCCO	10. Date deceased last worked et this occupetion (month end spant in this		
	year) occupation occupation	Other Contributory Causes of Importance;	
12.	BIRTHPLACE (city or town) / Lyallwelle	Cities Country Course of Importance.	
~	(State or country)		
HER	13. NAME alongo Sharp.		
FATH	14. BIRTHPLACE (city or town)	Nama of operation	
~	(Steta or country)	What test confirmed diegnosis? Wes there en autopsy?	
THE	15. MAIDEN NAME Carre Sures.	23. If daeth wes due to external causes (VIOL ENCE) fill in elso the following:	
MOT	16. BIRTHPLACE (city or town) / Lyalls (State or country)	Accident, suicide, or homicide? Date of injury, 19	
	C · De ·	(Specify city or town, county and State)	
17.	(Address) / Lyallevelle Wel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Pleca Bladenstory, Date May 14, 193.	Natura of injury	
19.	UNDERTAKER Alla Clis Sorfo (Address)	24. Was disease or injury in eny wey related to occupation of decaesed?	
	W. 1011 - 70 00	(Signed) Artaut Elak Mr	
20.	FILED May 15, 19.32 Mrs. Kan Devere	(Address) Kissilale, Mel.	
	If more blanks are needed, address State Registrar.	2411 N. Charles Street Relimore Remoting 91 S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNDATES			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

THIS IS

WITH UNFADING INK-

-WRITE PLAN

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mation shou CAUSE OF

plnods

should state OCCUPA-

PHYSICIANS Exact statement

properly classified.

certificate.

See instructions on back

TION is very important.

MOTHER

(Addrass)

H in plain terms, se arefully supplied.

	CERTIFICATE OF DEATH 05555
1. PLACE OF DEATH County Prince George	Registration Dist. No. 245
	No. Sa Jutto St., Ward (death occurred in Chorpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Starry P. Swam	
(a) Residence: No. V Education (Usual place of abode)	Masey St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (-wrig the word) Martia	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Marie Swam	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days II LESS than	I lest saw h; daath is said to have occurred on the data stated abova, atm.
B. Trada, profession, or particular kind of work done, as SPINNER,	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc. Jo. Date deceased last worked at May If. Total time (years)	
10. Date deceased last worked at may this occupetion (month and 7-1-432 spant in this occupetion. 40.744	Other Contributory Causes of importance: Pen Known
12. BIRTHPLACE (city or town) Mont County (State or country)	Ithou I L'ainter J. P.
13. NAME Not Known	Name of operation District 6.5 County
(State or country)	What test confirmed diagnosis?

15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In elso the following:

16. BIRTHPLACE (city or town) (Stata or country) Whara did injury occur?____ (Specify city or town, county and State)
Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

f7. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR

Manner of Injury Natura of Injury 24. Wes disease or injury in any way related to occupetion of deceased? 19. UNDERTAKER

(Signad).... 20. FILED May Registrar. (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mcchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	5 - L- A
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage JUN 6	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:	-	Other contributory causes of importance:	etal libra
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDI

RESERVED

MARGIN RESER	ITH UNFADING INK-	should be carefully sign of DEATH in plain I is very important. So
Mil	WRITE PLAIN WITH UNFADING INK-	CIANS should be CAUSE OF DEATH In plain statement of OCCUPATION is very important. So
V. S. No. 1	7	N B E.

	05556
PLACE OF DEATH	STATE OF MARYLAND
County S	CERTIFICATE OF DEATH Registration Dist. No. 230
Village or City Mullink (No	St.: Ward) St.: Ward) Nau (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 8, 1922. (Month) (Day) (Year)
6 DATE OF BIRTH May 8 1932	17 I HEREBY CERTIFY, That I attended the deceased from 1922. to May 5, 19232
(Month) (Day) (Year)	that I last saw h alive on may 5 , 1923 2
7 AGE If LESS than	
yrs. mos. ds. or min.	
8 OCCUPATION (a) Trade, profession or particular kind of work	Turnelly Buth
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary

(Signed) FATHER BIRTHPLACE PARENTS / *State the Disease Causing Death, or, in Violent Causes, stats (1) Means of Injury and Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents)

OF MOTHER (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

10 NAME OF

13 BIRTHPLACE

(Informant)

BURIAN OR REMOVAL

(Address)

deaths from (2) Whether

In the State.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Botto., Requesting V. S. No. 1.

At place of death.

Former or usus! residence

Where was disease contracted, if not at place of death?.....

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return". Laborer,""Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed ," etc., Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on -Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISC EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease carbolic acid-probably suicide. The n ture of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the valvular heart disease, etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village (and a		Registration Dist. (No.
Length of	r City	re Committies	No.	St.,
	residenca in city or town where		death occurred in a horpital or institution, give its NAME insteadds. How long in U.S. if of foreign birth?	
2. FULL !	IAME MILE	www		~W
(a) Resi	dence: No.	***************	St., Ward.	
PERC	ONAL AND STATIST	(Usual place of abode)	If nonresident give cit MEDICAL CERTIFICATE OF	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	DEATH
Murce		OR DIVORCED (write the word)	may.	92
5a. If married, w	dowed, or divorced		(Month)	Day)
(or) WIFE	Magn	nu	22. I HEREBY CERTIFY, Th	
acc v	saude in	Muoure		
7. AGE	TH (month, day, and yaar) Years Months	Days If LESS than	to have occurred on the data stated above, atn	
aliant.	30	1 day,hrs.		
Z 8. Trade, p	ofassion, or particular		mu over by are my	uel
	of work dona, as SPINNER, 'ER, BOOKKEEPER, atc		pulling a pressed	train
Industry work	or business in which was doπa, as SILK MILL, MILL, BANK, etc		an By D. Color, of low	Ly y
U 10. Oate da	eased last worked at	11. Total time (years) spent in this	A.4. Mat Everel on	1241
this occupation (month and spent in this occupation occupation			Other Coutributory Causes of importance:	Mishing
12. BIRTIIPLACE			Other Conditional Causes of Importance.	
(State or	country)			
H 13. NAME	· · ·			
	ACE (city or town)	<u></u>	Name of operation	
15. MAIDEN			What tast confirmed diagnosis?	
 	ACE (city or town)		23. If daath was due to axternal causes (VIOLENCE) fill In als	o the following:
∑ (Stal	or country)		Where did injury occur? al about discu	See 9 0/1
17. INFORMANT Shuadowing J. C.			Spacify whether Injury occurred in INDUSTRY, In HOME, or	in PUBLIC PLA
(Addrass) Estimates A			open proved space of	dieci
Placa	SATION, OR REMOVAL	9. Date may 20193	Mannar of Injury Manual Grace Man	anne
	\$ 0, 4	-	Nature of Injury	
19. UNDERTAKE		or sorre	24. Was disease or Injury In any way ralated to occupation of	deceased?.
20. FILED. In	- Committee of the comm	O Allins	(Signad)	tuy
	ay 22 19.62 D	Lors Registrar.	Eda	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil lengineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, mane other important diseases or injuries. Examples:

E	xample I	- 1	Example II	
The principal cause of dea of importance were as foll Arteriosclerosis	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 6 1992	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones	An	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				

V. S. No. 1

STATE OF	MARYL	.AND-	CERTIFIC	CATE	OF	DEATH
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6.	E	色	E	0
U	0	J		10

1. PLACE OF D	EATH 9	0		<u> </u>
County 0 K	me 1	corges		Registration Dist. No.
Village or City	Atours	Chapel	heal TH	uptilled March, Chillian Stefford
Langth of residence	in city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foraign birth?
	in city of town where	death becomed	1, >-(when sold
2. FULL NAME		- Aug	tand (
(a) Residence: N	łp	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF DEATH
	OLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH may
(m)	us		D (write the word)	hakeren 1932
5a. If married, widowad, or				(Month) (Day) (Year)
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That i atlended deceased from
		1 44 4)	, 19, 19, 19
6. DATE OF BIRTH (mont	h, day, and yaar)	white	and	l iast sew h; death is said
7. AGE Yaars	Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at
			ormin.	The PRINCIPAL CAUSE OF DEATH and releted causas of importance was a follows:
8. Trada, profession, kind of work d	or particular Iona, as SPINNER.	-		may found in value
kind of work d SAWYER, BOO 9 Industry or busine work was done	lona, as SPINNER, KKEEPER, atc			Midle my worth und Rand
Work was done	n, as SILK MILL, NK, atc			A cheful freew lond, chille
O 10. Data deceasad les	t workad at	11. Total t	ime (yaars) nt in this	affaceres saw regulary
this occupation year)	(month and	0cc	ntin this upation	
12. BIRTHPLACE (city or t	unh	noun		Other Contributory Causes of Importance:
(State or country)	<u> </u>			
I3. NAME	Unkno	now		
14. BIRTHPLACE (city	or town)			Name of operation Date of
(State or count				What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	unkn	new		23. If deeth wes due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city	or town)			Accidant, suicide, or homicide? Date of injury 19
≥ (State or coun				Whera did injury occur?
17. INFORMANT	. C. A	cou,	. /	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address)	wyar	enor V	ry	
18. BURIAL, CREMATION, OR REMOVAL LL Mas. 9 32				Manner of Injury
Placa Data Data 19				Neture of injury
19. UNDERTAKER	nage	ho di	nop	24. Was diseasa or injury in any way related to occupation of daceased?
(Address)	Alader	no hay the	na	If so, specify
20. FILED May 9	132 /1	try had	ly M.s.	(Signed) M. D.
I		7	Registrar.	(Addrass) aching Carang
	If more	blanks are needed, a	address State Registrar,	2413 N. Charles Street, Baltimore, Requesting U.S. No. 1. Carrier

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample I	-	Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 7 100	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	ACO.	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	A DEPART W	July 5,1927	Peritonitis	3 days ago
	Market and another sections.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	NTS P	STATEMENTS	Y	PHYSICIAN
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritopitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			- 5001

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1 PLACE OF DEATH Statement of STATE OF MARYLAND NO. WITHIN CORPORATE LIMITS OF CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Ward) a hospitat or institution. give its NAME instead of street and number.] RECORD AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, MARRIED, 16 DATE OF DEATH 3 SEX COLOR OR RACE WIDDWED OR DIVORCED (Day) (Year) T AGE If LESS than 0 and that death occurred on the date stated above, 1 day, hrs. C min. ? sosthat 8 OCCUPATION - (a) Trade, profession, or ppi ons particular kind of work... (b) General nature of industry in terms, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) 10 SE 10 NAME OF pe FATHER C. ENT d (State or country) 0 α 12 MAIDEN NAME PA OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 0 u 13 BIRTHPLACE In the (1) OF MOTHER of death State, yrs. (State or country) Where was disease contracted, PATION if not at place of death? Former or usual residence Should socoup DATE OF BURIA If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Reguesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, ('ook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Collon "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Crovery; (a) Foremon, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Architect, Locomolive engineer, If retired from (b) 1 mlo-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths mus, Struck by roilway train-accident; Revolver to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as prabably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. State cause for which birth or misearriage as "PUERPERAL septichaemio, etc., when a definite disease can be ascertained as the "Heart failure," "H emorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilano com, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of cause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia, chopneumonia Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. nephritis, etc. cough; Chronic velvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shoek," "Uracmia," "Weakness, (seeondary), 10 ds. The contributory (secondary or intercur-Never report mere to puno.n

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7

PLACE OF DEATH County Prince Leagues	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 243
Village or City Bowe (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS 3 SEX	MEDICAL CERTIFICATE OF DEATH
MARKIED, WIDOWED. OR DIVORCED (Write the word) Single	(Month) May (Day) 19 (Year) 33
Muly 19, 1932 (Mighh) (Day) (Year)	that I iast saw halive on, 192,
7 AGE If LESS than I dayhrs. or	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Syphillis
10 NAME OF FATHER Planiel Stervart	(Signed) 19232 (Address) Bowie, M. D.
OF FATHER Z (State or country) U 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Jourse Williams 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Informant) Mar Source Wolfier	Former or usual residence.
(Address) Bowie Mr.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Man 19 1982 Thancourk m	20 UN DERTAKER ADDRESS

If more bianks are needed, address tate Registrar, 16 W. Salatoga St., Baltd., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The n-ture of the injury, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Measics;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WITH UNFADING INK-THIS IS A PERMAN'S N. B.-WRITE PLAINLY.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		(V)	2562
County June Leong	Ś	Registration Dist. No. 2	3 2
Village or City When Waffl	600	No	Ward
Length of residence in city or town where death occurred		death occurred in a horpital or institution, give its NAME instead of street and ds. How long In U.S. If of foreign birth?yrsm	
2. FULL NAME Many	182000	Wivell.	
(a) Residence: No. 158 S. G. (Utual)	place of abode)	St., Ward. Wilton Borne If nonresident give city or town and	State
PERSONAL AND STATISTICAL PAI	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
t. W OR DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH Mary (Day)	, 193 (Year)
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of	Wirele	22. May 10 1 1932 to Mais (0)	deceased from
6. DATE OF BIRTH (month, day, and year)	9 1858	I last saw he allve on Dead when & brigging	; death is said
7. AGE Years Months Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	<u> </u>
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	e unfe	angine Pectoris	Central Central
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10 Date deceased last worked at 11. To	· · ·	0	
Date deceased last worked at this occupation (month end year)	etal time (years) spent in this occupation		
t2. BIRTHPLACE (city or town) Willes - (State or country)	Barre Pa	Other Coutributary Causes of importance:	-
I 13. NAME Michael I	lack		
14. BIRTHPLACE (city or town) Slice	heland	Name of operation Date of	-
(State of Country)		What test confirmed diagnosis? Was there an a	ulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	nccon	23. If death was due to external causes (VIOLENCE) fill in also the following	:
O 16. BIRTHPLACE (city or town)	Ireland.	Accident, suicide, or homicide? Date of Injury	, 19
V. INFORMANT Reymond) W	well mi	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE,
(Address)	har Pillagen	*	
	ray/1 1932	Nature of Injury	
19. UNDERTAKER Tous Unas	P	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED pray 1/, 1932 Minos	Registrar.	(Signed) / Leverdy Darra	U M.D
If more blanks are need	led. address State Registrar	2411 N Charlet Street Relimons Pennethra TI S No -	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however; designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	19.00		

MARGIN RESERVED FOR BINDING

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or-		CERTIFICATE OF DEATH			
st st.	1. PLACE OF DEATH	(200-2)			
S P S	County The George	Registration Dist. No.			
sho f	Village or City Wyse Nearly tow	ND. St., Ward			
S it	Langth of residence in city or town where death occurred vis. mes.	death occurred in a horpital or institution, give its NAME instead of street and number) 1ds. How long in U.S. If of foreign birth? yrs mosds.			
Every STANS ement	2. FULL NAME Tapah atelle H	100			
·					
CORD.	(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PH PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
NT RE LY. LEX	3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH 3/ (Day) (Year)			
NEN CT I	5a. If merried, widowed, or divorced HUSBAND of				
A C7 A C7 assifi	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from			
SRA cl	6. DATE OF BIRTH (month, day, and year) han 31 1932	I last saw helive on			
IS A PE stated E properly ertificate	7. AGE Years Months Days If LESS than	to hava occurred on the date stated above, at			
ated oper		The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:			
S IS	8 Trade profession or particular	Date of onset			
HIII be	Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	ho Mysician in attentioner			
ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Saford death unknivers			
Sh sh it	10. Data deceasad last worked et this occupation (month and spent in this	no further information costs.			
AGE So that ctions of	year)occupation	Other Contributory Causes of importance:			
Se se icti	12. BIRTHPLACE (city or town) (State or cognity)				
NFAI pplied. erms, instru	700	500			
F 2 %	13. NAME Church 1600				
H U Su iin t	14. BIRTHPLACE (city or town) Muy (State or country)	Name of operation			
ully pla	15. MAIDEN NAME Stelle French Selhicar	What test confirmed diegnosis? Was there an aulopsy?			
rain E	The second secon	23. If death was due to externel causas (VIOLENCE) fill in also the following:			
当る音点	[Stete or country)	Accident, suicide, or homicide? Data of Injury, 19			
in EA	THEODINE THE TANK THE STATE OF	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDMS, or In PUBLIC PLACE.			
PLA hould OF D	17, INFORMANT (Address) When Multon Ma	The state of the s			
F7 80 10	18. BURIAL, CHEMATION, OF POMOVAL OF WAS	Manner of injury			
	Place Me Mculfori Dete fune 1972	Nature of Injury			
-WRIT mation CAUSI	19. UNDERTAKER & Colora of Mood	24. Wes disease or injury in any way related to occupation of deceased?			
	(Address) When Mean town / HOW	If so, spacify P			
	20. FILED March 1932 Cong hull	(Signed) I will foullegother			
A man	Registrar.	(Addrass) Offen Mailbon Mil			
	If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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BURDAN			
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN